CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. [ ] To be sold as scrap or waste paper	B. [X] To be Burned or shredded	C. [ ] Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent			

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

F 17946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17946

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Colorado Ave. St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Carson

If U. S. Veteran specify WAR no

(a) Residence: No. 928 Colorado Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter J. Carson

6. DATE OF BIRTH (month, day, year) Feb. 22/1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ida L. Lyons

(Address) 928 Colorado Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 27 1935

19. UNDERTAKER Philip Henrig Sons

(Address) 2016 Orleans St

20. FILED Nov 27 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25. 1935

22. I HEREBY CERTIFY, That I attended deceased from November 1934. to Nov 25 1935

I last saw her alive on Nov 22 1935. Death is said to have occurred on the date stated above, at 5 04 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? no Date of .....

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Wm. H. Howell, M. D.

(Address) 2523 Eutaw Straight Ave

OCCUPATION is very important. See instructions on back of certificate.

Vol. 3

M. D. B. 1269-9

F 17947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17947

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Fletcher Morton

If U. S. Veteran specify WAR None

(a) Residence: No. 13 E. Linwood Ave. St., ... Ward. Quincy Mass.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Morton

6. DATE OF BIRTH (month, day, year) May 31, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Standard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quincy Mass.

FATHER

13. NAME Herbert Morton

14. BIRTHPLACE (city or town) (State or country) Quincy Mass.

MOTHER

15. MAIDEN NAME Isabella Fletcher

16. BIRTHPLACE (city or town) (State or country) Quincy Mass

17. INFORMANT Mrs. Isaac Morton

(Address) 13 E. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Quincy Mass Date 11/26/35. 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eutaw St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pleurisy	

Other contributory causes of importance:

Cerebral Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov. 27, 1935

Where did injury occur? 35 Linwood Ave. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell or fleu against Wall

Nature of injury Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schaefer, M. D.

Coroner

(Address) 1912 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

17948 F 17948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2039 E. Oliver St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Dellmeisl

If U. S. Veteran specify WAR .....

(a) Residence: No. 2039 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph G. Dellmeisl

6. DATE OF BIRTH (month, day, year): Aug. 29 1881

7. AGE: Years 54 | Months 2 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Joseph Krepp
14. BIRTHPLACE (city or town) (State or country): York. Pa.

MOTHER

15. MAIDEN NAME: Elizabeth Bohli
16. BIRTHPLACE (city or town) (State or country): York. Pa

17. INFORMANT: Mr. Joseph G. Dellmeisl
(Address) 2039 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Cemt Date Nov. 27, 1935

19. UNDERTAKER: Henry Hoeck Sons, Inc
(Address) 1301 E. Eager St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1935, to Nov. 27, 1935

I last saw her alive on Nov. 25, 1935. Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease.	
Other contributory causes of importance: Cerebral Apoplexy.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. J. Schmidt, M. D.

(Address) 701 N. Fremont Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 17949

F 17949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2715 E. Monument St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret. Kraus

If U. S. Veteran specify WAR

(a) Residence: No. 2715 E. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of the late Joseph Kraus

6. DATE OF BIRTH (month, day, year) July 25 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Simon Kraus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. John A. Kraus

(Address) 2715 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date November 28 1935

19. UNDERTAKER Henry Hoeck Sons, Inc

(Address) 1301 E. Eager St

20. FILED . 19 Registrar

NOV 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1935 to Nov. 24 1935

I last saw her alive on Nov. 24 1935. Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Nephritis	
Other contributory causes of importance: Edema of Lungs.	11/24/35

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm D Johnston . M. D.

(Address) 701 N. Eutaw St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 17950

304328

F 17950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 129

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Spencer Knight

(a) Residence: No. 1029 Rutland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) 12-24-95

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39 40	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Babe Knight-

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Millie Stokes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date Nov 27th 1935

19. UNDERTAKER Mrs Robert A. Elliott
(Address) 1129 Caroline St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1935 to Nov 24, 1935

I last saw him alive on Nov 24, 1935 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	Sept. 1935
Subdiaphragmatic abscess	Nov 1935
	Nov
	?

Other contributory causes of importance:

2 Peritonitis

Was an operation performed? yes Date of 11-23-35

For what disease or injury? Subdiaphragmatic abscess

Name of operation Exploratory Laparotomy Date of 11-23-35

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Dept J. Ladue M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. F. B. 14951

F 17951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 Argyle Ave St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Bowett

(a) Residence: No. 1427 Argyle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13, 1920

7. AGE 15 Years	Months 4	Days 10	If LESS than 1 day, hrs. or, min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Spurn Bowett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edg Bowett

(Address) 1427 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 27, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1935 to Nov 23, 1935

I last saw h[illegible] alive on Nov 23, 1935 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Pulmonary Phthisis	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R Stewart M. D.

(Address) 704 W Lexington Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 268-9

F 17952

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17952

CERTIFICATE OF DEATH

V 141-82-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 N. Monastery Ave. St., 30 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MINNIE WALTER.

(a) Residence: No. 237 N. Monastary Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Delmas B. Walter

6. DATE OF BIRTH (month, day, year) Oct. 13th. 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Serio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Farase

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Delmas B. Walter

(Address) 237 N. Monastery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Nov. 27 35

19. UNDERTAKER Chas F. Grace & Son

(Address) 118 W. Mt Royal ave

20. FILED [illegible] 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24th. 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-21- 1935 to 11-24 1935

I last saw her alive on 11-22 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Record will be found at St agnes Hospital according to statement of date of on several times (see record)

Date of onset

Other contributory causes of importance:

Embolism in brain 11-21-35

Name of operation Thoracotomy Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. D'Amore M. D.

(Address) Medical arts 1005.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

V 9 3

F 17953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 905 N. Gilmor St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Smith.

(a) Residence: No. 905 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Priscilla
6. DATE OF BIRTH (month, day, year): Aug 22 1902
7. AGE: Years 33; Months 3; Days 2; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Essex Co. Va.

FATHER
13. NAME: John B. Smith
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Lettia Robinson
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Lettia Smith
(Address): 905 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 27, 1935

19. UNDERTAKER: Mrs Katie R Williams
(Address): 322 N. Schroeder St.

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1935 to Nov 24 1935

I last saw him alive on Nov 24, 1935 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	3 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) F. C. Link M. D.

(Address) North Fort Johnson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17954

F 17954 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-D-131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eulah Stewart

If U. S. Veteran specify WAR

(a) Residence: No. 1324 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Not)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Chas. Jackson.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Julia Lewis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Nov 26th 1935

19. UNDERTAKER Evans Allison

(Address) 1011 Gentleman Ave. Baltimore, Md.

Filed 19 Registrar

NOV 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1935, to 11/23, 1935

I last saw her alive on 11/23, 1935 Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency (?)	3 months

Other contributory causes of importance:

Aortic insufficiency syphilitic ?

Chronic glomerulo nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Tobias Weinberg M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17955 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17955

CERTIFICATE OF DEATH

X V 144-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins. Hosp. St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ida C. Kreamer.

(a) Residence: No. Avondale Rd. Turners Station Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Kreamer.

6. DATE OF BIRTH (month, day, year) Dec. 23/1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME John Deboy

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Anni Hale

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT William Kreamer (Husband)

(Address) Avondale Rd. Turners Stati

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart. Date Nov. 27. 1935

19. UNDERTAKER Lilly's Funeral Home

(Address) 403 S. Wolfe St.

20. FILED ... 19 ... Registrar

NOV 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27/35. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pregnancy	

Other contributory causes of importance: Premature Separation of Placenta with hemorrhage

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Visual Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Paul Schenck Coroner, M. D.

(Address) 919 E. North Ave.

use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131 F 17956

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 E. Fairmount Av. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fredrick Emmert.

(a) Residence: No. 1921 E. Fairmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 17/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Emmert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ueasle Pennebeck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Cecelia Emmert, Nei[illegible]
(Address) 1921 E. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date Nov 27 193[illegible]

19. UNDERTAKER Lilly & Zeilenhofer
(Address) 703 N. Howard St.

20. FILED NOV 26 1935 H. E. L. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from July 12 , 19 35 to Nov. 24 , 19 35
I last saw him alive on Nov. 24 , 19 35 Death is said to have occurred on the date stated above, at 8 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	
Arterio-Sclerosis	
Hemaplegia-Hypostatic	
Other contributory causes of importance:	
Bilateral Pneumonia	

Was an operation performed? None Date of .....

For what disease or injury? None

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... , 19 .....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) Dr. J. L. Littman M. D.

(Address) 1304 Eutaw

M. D. B 1268-9

F 17957 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17957

CERTIFICATE OF DEATH

✓ 209-9

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pratt & Exeter St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Jester Jr.

(a) Residence: No. 2412 Sisson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	7	26½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ff-4

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Jester

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Beatrice Silkworth

16. BIRTHPLACE (city or town) (State or country) Wilmington Del.

17. INFORMANT Walter Jester

(Address) 914 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov. 26, 1935

19. UNDERTAKER Frank Keller Rose

(Address) 52 N. Morley St.

20. FILED 19 ... Registrar

NOV 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23, 1935

22. I HEREBY CERTIFY, That I last saw the deceased alive on the date above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Run over by Street Car	
Fractured Skull,	
Amputation 7 ½ Foot	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/23, 1935

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Pratt & Exeter Sts.

Manner of injury Ran over by Street Car

Nature of injury Fx. Skull & Amp. L. foot

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas B. Wallace M. D.

Coroner

(Address) 1081 St Paul St (new)

vse OCCUPATION is very important. See instructions on back of certificate.

F 17958

F 17958 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 E. Randall St., 7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary E. Garnett

If U. S. Veteran specify WAR .....

(a) Residence: No. 609 E. Randall St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 3 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	,	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John J. Garnett

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Wilhelminia Thacker

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Maud Bradshaw (Sister)

(Address) 609 E. Randall

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Nov. 29, 1935

19. UNDERTAKER Margaret A. Flynn

(Address) 2107 N. Hilton St. Huntington Park, Cal.

FILED NOV 26 1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1935 to Nov 26, 1935

I last saw h.. alive on Nov 25, 1935. Death is said to have occurred on the date stated above, at 12:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	7/1/35
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sidney H. Streett M. D.

(Address) 421 E. Fort Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17959

3067 F 17959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 3 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran specify WAR ____

2. FULL NAME Eleanor Lepore

(a) Residence: No. 244 S Eden St., ____ Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-23-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Salvario Lepore

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Margaret Paesch

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 11/26, 1935

19. UNDERTAKER Milton Schilling
(Address) 1423 E. Monument St

20. FILED ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1935, to Nov 26, 1935.
I last saw her alive on Nov 26, 1935. Death is said to have occurred on the date stated above, at 2'15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	11-15-35
? Bronchopneumonia ?	11-20-35

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ____

(Signed) M. L. Rose, M. D.

(Address) ____

Dec 6 1935

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of cause of death in plain terms, so that it may be properly classified.

M. D. B 1268-9

F 17960

17960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1015 Warner St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colrd	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Nov 10 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trucking & Hauling Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Isaac Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Marcella Talbert

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ethel B. Whitcher

(Address) 606 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Nov 26 1935

19. UNDERTAKER Isaiah L Brunson

(Address) 1017 W Franklin St

20. FILED Nov 26 1935, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by Autopsy find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy	

Other contributory causes of importance:

acute cardiac dilatation

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Wright Coroner

(Address) 1010 S. Ellwood Ave

M

V 26 1935

APN

STATE OF MARYLAND—CAUSES OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

17961 ✓ F 17961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH: Haynes Hospital

CITY OF BALTIMORE: (No. ..... St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Harry J Whitworth — If U. S. Veteran specify WAR .....

(a) Residence: No. 2560 Lehmans St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of [illegible]

6. DATE OF BIRTH (month, day, year): 4/17-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: P.R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

MOTHER

13. NAME: Mrs H Whitworth

14. BIRTHPLACE (City or town) (State or country): England

FATHER

15. MAIDEN NAME: Kate Hoope

16. BIRTHPLACE (City or town) (State or country): Baltimore Md

17. INFORMANT: G M Whitworth

Address: 148 Howard St

18. BURIAL, CREMATION, OR REMOVAL: Harlansville

Place: Mt Pleasant - Md. Date: Nov. 26 1935

19. UNDERTAKER: A. B. Richard & Son

Address: 1301 Eutaw Place.

20. FILED: ... 19 ... Registrar.

V 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/23/35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide: Accident Date of injury 11/21/35

Where did injury occur: Baltimore City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street

How was injury sustained: While walking across Railroad Crossing

Nature of injury: Contusion

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard Gaither Hunter M. D. Coroner

(Address) 931 N Eutaw St

(over)

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 17962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St., 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth 56 yrs. — mos. — ds.

2. FULL NAME Katherine C. Conway

(a) Residence: No. Mount Hope Retreat Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Daniel Conway

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McGeogh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Mary Aquinas

(Address) Mercy Hospital.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 11/27 . 1935

19. UNDERTAKER Henry C. Meaks & Son

(Address) 508 N. Liberty St.

20. FILED 11/26 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April . 1928 to Nov 25 . 1935

I last saw her alive on 11/25 . 1935 Death is said to have occurred on the date stated above, at 1125A M.

The principal cause of death and related causes of importance were as follows:

Left Cerebral Hemorrhage — Date of onset 1 day

Rt side hemiplegia

Other contributory causes of importance:

General Syphilis ?

Hardening of arteries & senility

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify City or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Damyan P. Flaherty M. D.

(Address) 3326 Fairfield Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17963

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sherman Zuick

If U. S. Veteran specify WAR

(a) Residence: No. 1620 Millman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/22/1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME George Zuick

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 25, 1935

19. UNDERTAKER

(Address)

NOV 26 1935

Huntington Funeral Home

(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1935 to 11/23, 1935

I last saw him alive on 11/23, 1935 Death is said to have occurred on the date stated above, at 7:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	6 mos

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Pate, M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17964 F 17964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., V Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mani Roditis

If U. S. Veteran specify WAR .....

(a) Residence: No. 1715 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Peanut seller.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Gus

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Andromachal

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mausoleum of Md Date Nov 26 19 35

19. UNDERTAKER
(Address)

20. FILED NOV 26 1935 Hunter for Phillips

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/20 1935 to 11/23 1935

I last saw him alive on 11/23 1935 Death is said to have occurred on the date stated above, at 5 15/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 yr.

Other contributory causes of importance:

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 ....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

Information sought in carrying out this law. AGE should be stated in YEARS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Sumner

If U. S. Veteran specify WAR

(a) Residence: No. 884 Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thassie

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Albert Sumner

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Nov 25 1935

19. UNDERTAKER

(Address)

20. FILED NOV 26 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-15 1935 to 11-19 1935

I last saw him alive on 11-19 1935 Death is said to have occurred on the date stated above, at 7:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate & Urinary Retention	11-15 35
Other contributory causes of importance: Uremic Coma	11-1835

Was an operation performed? yes Date of 11-18-35

For what disease or injury Urinary Retention

Name of operation Supra Pubic Cystostomy Date of 11-18-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Vernon Robinson If U. S. Veteran specify WAR W.W.

(a) Residence: No. 1523 E. Fairmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/12/1893.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Julie Delton.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va Date 11-27-, 1935

19. UNDERTAKER Byron Thames W. Wright
(Address) 218 McElderry St

NOV 26 1935

19. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/19, 1935 to 11/21, 1935

I last saw him alive on 11/21, 1935. Death is said to have occurred on the date stated above, at 9 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	?
Syphilitic	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17967

17967 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6005 Stephens Street Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Washington

(a) Residence: No. 1612 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	Married (Separated)

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of George Washington

6. DATE OF BIRTH (month, day, year) 3/28/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jones Berry

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Evelyn Jane Rooms

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT ~~George Washington~~ Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 11-26-, 1935

19. UNDERTAKER Bryant Magruder & Wright
(Address) 1218 Mc Elderry St

20. FILED 19 Registrar.

NOV 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 28, 1935 to Nov. 23, 1935

I last saw her alive on 11/23, 1935 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	?
Gangrene of Left Foot	?
	?

Other contributory causes of importance:

Arteriosclerosis	?
Hypertension	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert S. Lafarge M. D.

(Address) 1116 Eutaw Avenue

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17968

17968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Gardner

If U. S. Veteran specify WAR .....

(a) Residence: No. 549 W. Lafayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Colored

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Powell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Quaker Bottom Date 11-28-1935

19. UNDERTAKER Byron & Mamie W. Wright

(Address) 218 McElderry St

21. FILED NOV 26 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-15-1935 to 11-24-1935

I last saw him alive on 11-24-1935 Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate Gland Urinary Retention	10-15-35
Other contributory causes of importance: Bronchopneumonia	11-23-35

Was an operation performed? G S Date of 10-29-35

For what disease or injury? Urinary Retention

Name of operation Suprapubic Cystostomy Date of 10-29-35

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17969

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17969

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1471 Reynolds St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ignacy Piatkowski

(a) Residence: No. 1471 Reynolds St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Piatkowski

6. DATE OF BIRTH (month, day, year) Feb. 2 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME [redacted] Piatkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Piatkowski

(Address) 1441 Reynolds St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 27 1935

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave.

20. FILED Nov 26 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1935 to Nov 23 1935

I last saw h[illegible] alive on Nov. 20 1935 Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	3 y
Uraemic Coma	8 d
Other contributory causes of importance:	
Mitral Regurgitation Stenosis	3 y

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. F. A. Stamm M. D.

(Address) 2818 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. ____
CITY OF BALTIMORE: (No. ____ St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ____ yrs. ____ mos. 6 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Nora Park — If U. S. Veteran specify WAR ____
(a) Residence: No. Reisterstown St., ____ Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) —

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-11-34

7. AGE: Years 1 | Months 9 | Days 14 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME George Park
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Grace Boser
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT JOHNS HOPKINS HOSPITAL Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Funks Evergreen Date Nov. 28. 1935

19. UNDERTAKER J. Berryman & Sons
(Address) Reisterstown Md.

20. FILED ____ 19__ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935 to Nov 25, 1935
I last saw her alive on Nov 25, 1935 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows: | Date of onset
tuberculous meningitis — Nov 12
miliary tuberculosis — "

Other contributory causes of importance:

Was an operation performed? NO Date of ____
For what disease or injury? ____
Name of operation ____ Date of ____
What test confirmed diagnosis? L.P. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ____

(Signed) John A. Lecompton M. D.
(Address) Johns Hopkins Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

PRUJ ✓ F 17971

F 17971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 120 Caton Ave St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Prui

If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 Valley — St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Knost

6. DATE OF BIRTH (month, day, year) Oct. 3 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	"	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Prui

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Walburg Graft.

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sister Stanislaus, Sup.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cem 11/27/35

19. UNDERTAKER George A Fahey Funeral Home Inc Baltimore

(Address)

20. FILED ..... 19 ..... Registrar

NOV 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 - 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Nov 24 1935

I last saw him alive on Nov 23 1935. Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 24
	2 3
Other contributory causes of importance: Aortic Sclerosis	?
Hypertension	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D McCarthy M. D.

(Address) 114 Hanover

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17972

✓ F 17972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Louise Carney (Carney)

If U. S. Veteran specify WAR

(a) Residence: No. 2642 St Benedict St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Lawrence E Carney

6. DATE OF BIRTH (month, day, year) Feb 22 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. Herman Sanders

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Koepke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Mrs Carney
(Address) 2642 St Benedict

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Dec 11/27

19. UNDERTAKER Joseph A Fahey
(Address) Fulton & Fayette

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24 1930

22. I HEREBY CERTIFY, That I attended deceased from 10/2 1930 to 11/24 1930

I last saw her alive on 11/24 1930 Death is said to have occurred on the date stated above, at 4.26 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration & mitral insufficiency & congestive failure	(Carcinoma) 1900
Chronic nephritis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical data Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Robert F. Healy M. D.

(Address) St. Agnes Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 28 1935

M. D. B. 1268-9

17973 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 17973 172-B

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cecilia Turner Cammarata (If U. S. Veteran specify WAR ...)

(a) Residence: No. 942 Rosedale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ... Child

6. DATE OF BIRTH (month, day, year) July 10 - 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas R Turner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A Fowler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Thomas Cammarata (Address) 942 Rosedale

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 11/27 1935

19. UNDERTAKER Geo A Fayden (Address) Fayden & Fayden

20. FILED NOV 28 1935 Standing for Primary Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 24 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	36 hrs

Other contributory causes of importance:
Adhesion following Kidney removal about a year ago

Was an operation performed? yes Date of Nov 23-35

For what disease or injury? Adhesions + Intestinal Obstruction

Name of operation Laparotomy Date of 11-23-35

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

✓ F 17974

17974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital. 154

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Calhoun & Fayette St. 7-8 WARD)

2-FULL NAME Baby Boy Dunnack.

(a) RESIDENCE No. 427 Druery Lane. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white.	sngl.

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1935.

7 AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or 30 min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none.

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER John Longwell Dunnack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md.

12 MAIDEN NAME OF MOTHER Myrtle Darcy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant
(Address)

15 Filed NOV 26 1935, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25, 1935

17

I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1935, to Nov. 25, 1935

that I last saw him alive on Nov. 25, 1935

and that death occurred, on the date stated above, at 5.08 P.m.

The CAUSE OF DEATH* was as follows:

Accident to Pregnancy. Premature Labor 6½ month. Prematurity. Congenital Atelectasis. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Maternal Eclamptic Toxaemia. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? none

(Signed) James Graham Marsh M. D.

11/26 1935. (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Public Cemetery — DATE OF BURIAL Nov 26 1935

20 UNDERTAKER — ADDRESS

Commissioner of Health.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 17975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julianna Grill

(a) Residence: No. 30 to McElderry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Grill

6. DATE OF BIRTH (month, day, year) May 7 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Michael Schwandl

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Fred Grill

(Address) 711 Northern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 11/28, 1935

19. UNDERTAKER Leonard J. Pyrch

(Address) 530 W. Fayette St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Wheeler, M. D. Coroner

(Address) 1912 E. North Ave.

V2 C 1935

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17976

CERTIFICATE OF DEATH

186-E 17976

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Eutaw Place St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry S. Greensfelder

(a) Residence: No. 2327 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Simon Greensfelder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Yetta Schloss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Elmer Greensfelder
(Address) 101 W. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date Nov. 27, 1935

19. UNDERTAKER David Sondheimer & Son
(Address) 1902 Eutaw Place

20. FILED 12/26/1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hemorrhage	
Lacerations of Head	
Cardiovascular renal disease	
Other contributory causes of importance: Falling down steps	

Name of operation Surgical Consultation Date Nov. 25, 35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 25, 1935

Where did injury occur? 2327 Eutaw Pl.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Falling down steps

Nature of injury Lacerated Scalp & subdural hem. Hemorrhage of brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Liddenhoover, M. D. Coroner

(Address) 850 W. 36th St.

F 17977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Isabelle Woolsey Sample

If U. S. Veteran specify WAR

(a) Residence: No. 2647 Maryland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of wife of George E. Sample

6. DATE OF BIRTH (month, day, year) Nov. 9. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74 years		17 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home. 0037

10. Date deceased last worked at this occupation (month and year) Nov. 1933

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert D. Morrison.

14. BIRTHPLACE (city or town) (State or country) Wheeling W. Va.

MOTHER

15. MAIDEN NAME Mary Frances Mulley

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Elizabeth G. McElroy

(Address) 3101 Abel Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 11/27 1935

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Calvert St.

20. FILED NOV 26 1935 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1935, to Nov. 26 1935

I last saw her alive on Nov. 26 1935. Death is said to have occurred on the date stated above, at 3 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. of Sigmoid	2 yrs.
Extra Peritoneal abscess	6 mos.

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov. 1 1935

For what disease or injury? Ca. producing Obstruction

Name of operation Colostomy Date of Nov. 1

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Barnaby M.D.

(Address) Maryland General Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17978

17978
305729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-F

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edgar Miller

If U. S. Veteran, specify WAR None

(a) Residence: No. Box 127 Roan Mountain St., Ward. Tennessee
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle

6. DATE OF BIRTH (month, day, year) 10-20-86

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn

FATHER

13. NAME Andrew J. Miller

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Hattie Erwin

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Roan Mountain Tenn Date Nov 26 1935

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED NOV 26 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1935 to Nov 26 1935

I last saw him alive on Nov 26 1935. Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (malignant) pancreas	1 yr

Other contributory causes of importance:

None cholecystogastrostomy

Was an operation performed? Yes Date of Feb 10, 1936

For what disease (if any)? Cholecystitis Gastro-enterostomy Nov 6, 1930

Name of operation Date of

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W Seib M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

17979 F 17979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1228 Madison Ave St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city where death occurred 5 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kat Rogers

(a) Residence: No. 1228 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. F. Rogers

6. DATE OF BIRTH (month, day, year) Dec 6-893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all 60 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tulsa Oklahoma

MOTHER

13. NAME Oscar Vaughn

14. BIRTHPLACE (city or town) (State or country) Oklahoma

15. MAIDEN NAME Kat Kenan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT J. F. Rogers

(Address) 1228 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Tulsa Oklahoma Date Nov 27 1935

19. UNDERTAKER Samuel H. Chase & Son

(Address) 638 N. Gilmor

FILED Nov 29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-22 1935 to 11-26 1935

I last saw her alive on 11-25 1935 Death is said to have occurred on the date stated above at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus (cancer)	cancer
Other contributory causes of importance:	
asthma	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank H. Saunders M. D.

(Address) 1029 N. Stricker St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 30 1935

B 306754

F 17980

B 17980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 151-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sterling Spangler

If U. S. Veteran specify WAR .....

(a) Residence: No. Westminster Md. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/25/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ray Spangler

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Isabel Flickinger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Silver Run, Md. Date Nov 28, 1935

19. UNDERTAKER John M. Little

(Address) Westminster, Md.

20. FILED NOV 29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1935 to Nov 26, 1935

I last saw h[illegible] alive on Nov 26, 1935 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus, congenital	Oct '35
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11/16/35

For what disease or injury? .....

Name of operation Thoracoplasty Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 29 1935

M. D. B. 1268-9

17981 F 17981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1246 Hull St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Thomas Ceard

(a) Residence: No. 1246 Hull. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 20, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Emmi Truck Opr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10/23

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick Ceard

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Radchuck

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMANT Catherine Ceard Mother

(Address) 1246 Hull St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 29, 1935

19. UNDERTAKER Chas. F. Stevens

(Address) 150 E Fort Ave

20. FILED Nov. 30, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1935, to Nov. 25, 1935

I last saw him alive on Nov 25, 1935 Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Decomp	6 mo
Other contributory causes of importance: Chronic Parenchymatous Nephritis	2 mo

Name of operation None Date of

What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. Stevens M. D.

(Address) 2878 Harford Rd

N. B.—WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

V 20 1935

F 17982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17982

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Craig.

If U. S. Veteran specify WAR

(a) Residence: No. 123 Mc Phail St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Katie ~~21 7 1866~~

6. DATE OF BIRTH (month, day, year) 2/7/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME George Craig

14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER

15. MAIDEN NAME Anna Lockyer

16. BIRTHPLACE (city or town) (State or country) Taunton Md.

17. INFORMANT Mrs Dorothy Strayler

(Address) 1310 S Carey St

18. BURIAL, CREMATION OR REMOVAL Laurel PK Date 11/27/35

19. UNDERTAKER Geo H Kemlock & Son

(Address) 520 N Eutaw St.

Filed 10

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/23, 1935 to 11/24, 1935

I last saw him alive on 11/24, 1935 Death is said to have occurred on the date stated above, at 10.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Hypertensive cardio-vasc. disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reis M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 26 1935

M. D. B 1265-9

F 17983

F 17983 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., V Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas E. Jarzyn

If U. S. Veteran specify WAR .....

(a) Residence: No. 6005 Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hedwick Jarzyn

6. DATE OF BIRTH (month, day, year) Aug 7 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general practice

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) German Poland

FATHER

13. NAME Stanislaw Jarzyn

14. BIRTHPLACE (city or town) (State or country) German Poland

MOTHER

15. MAIDEN NAME Anna Mrunk

16. BIRTHPLACE (city or town) (State or country) Germ Poland

17. INFORMANT Mrs Agnes Ches

(Address) 108 S. Washington Av

18. BURIAL, CREMATION, ~~OR REMOVAL~~

Place St Stanislaus Date Nov 27, 35

19. UNDERTAKER M. F. Jablonski & Sons

(Address) 1822 Eastern Ave

FILED NOV 25 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy	
Other contributory causes of importance: acute dilatation	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. Wright M. D.

Coroner

(Address) 1610 S. Ellwood Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 17984

F 17984 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Enroute from Russell & Putnam Sts. to
CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Henry N. Faison. See Over Record

(a) Residence: No. 429 E. Preston St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of Lucy F. Faison.

6. DATE OF BIRTH (month, day, year) July 25, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad foreman,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed.

10. Date deceased last worked at this occupation (month and year) 0073

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Howard D. Faison.(son.)
(Address) 429 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Mem Park Date Nov 29th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED NOV 27 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Albert Reinhardt Coroner, M. D.

(Address) 11/26/35 1017 E. Charles st.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17985

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17985

CERTIFICATE OF DEATH

1 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Chelsea Terrace St., Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Crockett

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2300 Chelsea Terrace St., Ward.

(Usual place of abode) 30 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE~~ of: Lewis H Crockett

6. DATE OF BIRTH (month, day, year): Oct 27-1875

7. AGE: Years: 60 | Months: 0 | Days: 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 1027

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Delaware

FATHER

13. NAME: James Connor

14. BIRTHPLACE (City or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Julia Ann Stout

16. BIRTHPLACE (City or town) (State or country): Magnolia Del

17. INFORMANT: Lewis H Crockett

(Address) 2300 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: 11/29/35 19

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

20. FILED: NOV 27 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1932, 19.. to Nov 26/35, 19..

I last saw her alive on Nov 24, 19 35 Death is said to have occurred on the date stated above, at 6:20 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right breast operated on Mar 28/29 — Date of onset 1929

Other contributory causes of importance: Carcinoma of right lung 1933

Was an operation performed? yes Date of March 28/29

For what disease or injury?

Name of operation Amputation of Right breast Date of 1929

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wade D Hobbs M. D.

(Address) 2220 Harrison Blvd

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17986

F 17986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4808 Calumet Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H. Bromwell

If U. S. Veteran specify WAR None

(a) Residence: No. 4808 Calument St., ... Ward.

(Usual place of abode) 60 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Josephine M—

6. DATE OF BIRTH (month, day, year) Sept 8-1852

7. AGE: Years 83 | Months 2 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Letter Carrier U.S.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Oxford Md

FATHER

13. NAME Jermiah Bromwell

14. BIRTHPLACE (city or town) (State or country) Oxford Md

MOTHER

15. MAIDEN NAME Mary Bowdle

16. BIRTHPLACE (city or town) (State or country) Oxford Md

17. INFORMANT Chas. H. Bromwell

(Address) 4808 Calument Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 11/27 19 35

19. UNDERTAKER William Cook

(Address) 1217 St Paul

NOV 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to 11/25 1935

I last saw him alive on 11/25 1935 Death is said to have occurred on the date stated above, at 8.15 P m.

The principal cause of death and related causes of importance were as follows:

Transverse Myelitis (Cervical) — Date of onset

Other contributory causes of importance: Hypo-static Pneumonia.

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Kyle V. Gold M. D.

(Address) 5703 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 17987

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 17987

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elbert Holland.

If U. S. Veteran specify WAR ..... Record

(a) Residence: No. 1392 W. North Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha.

6. DATE OF BIRTH (month, day, year): 6/13/1877

7. AGE: Years 58 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Huckster 5043

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Produce Business

10. Date deceased last worked at this occupation (month and year): Nov 1935

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Wm S. Holland

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Mary E. Bumpross

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Wife (Bertha Holland)

(Address): 1392 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Date: Nov 28th 19 35

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/25 19 35

22. I HEREBY CERTIFY, That I attended deceased from 11/23 19 35 to 11/25 19 35

I last saw him alive on 11/25 19 35 Death is said to have occurred on the date stated above, at 1.40 p. m.

The principal cause of death and related causes of importance were as follows:

Labar pneumonia — Date of onset 7 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 27 1935 [illegible] Registrar

F 17988

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17988

CERTIFICATE OF DEATH

✓ 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? Unknown mos. ..... ds.

2. FULL NAME Salvatore Romero

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 14 12 N. Gray St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — 2

6. DATE OF BIRTH (month, day, year) Feb 24th 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Allreds Tyrol Corp

10. Date deceased last worked at this occupation (month and year) Sept. 1935

11. Total time (years) spent in this occupation 17 yrs Unknown

12. BIRTHPLACE (city or town) (State or country) Egypt

FATHER

13. NAME Joseph Romero

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Dalen Haten

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Deceased

(Address) 14 12 N. Gray St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov 28th 1935

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

NOV 27 1935

(Signature) Jeff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935 to Nov. 25, 1935

I last saw him alive on Nov. 25 1935 Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right antrum	Unguard 1935.
Other contributory causes of importance: Uremia	Nov 23, 1935.
meningitis	Nov. 24, 1935

Was an operation performed? Yes Date of Nov. 19, 1935

For what disease or injury? Ca of Rt. antrum

Name of operation Electrosurgical Excision Date of Nov. 19.

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Raven Abercrombie, M. D.

(Address) Univ Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

F 17989

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5226 Linden Heights Ave. Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter J. O'Brien Jr. If U. S. Veteran specify WAR No Record

(a) Residence: No. 5226 Linden Heights Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar 8th 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Walter J. O'Brien
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Alice Ely
16. BIRTHPLACE (city or town) (State or country) Gardenville Md.

17. INFORMANT Walter O'Brien
(Address) 5226 Wilton Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Nov 24th 1935

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St

FILED NOV 27 1935

20. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24th, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1934 to Nov 24th, 1935

I last saw h.. alive on Nov 24th 1934 Death is said to have occurred on the date stated above, at 5.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia —	
about	11/21/35

Other contributory causes of importance:

Rheumatic Cardio-vascular disease	

Was an operation performed? No Date of .....

For what disease or injury? Clinical

Name of physician ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Byerly M. D.

(Address) 30 & S. W. Mort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

L

F 17990

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17990

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Buhms Lane St., Belair Rd (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John G. Hummel

If U. S. Veteran specify WAR No Record

(a) Residence: No. Buhms Lane St., Herring Run Bridge Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary E Hummel

6. DATE OF BIRTH (month, day, year) Oct 2. 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Novak Co

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John G Hummel

(Address) Buhms Lane

18. BURIAL, CREMATION, OR REMOVAL Sumners Funeral Home

Place Lyons Cemetery Date 11/27 1925

19. UNDERTAKER Sumners Funeral Home

(Address) 1212 E Fayette St

NOV 27 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 1925

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1925 to Nov 25 1925

I last saw ~~him~~ alive on Nov 24 1925. Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	2 yrs ago
Other contributory causes of importance: Apoplexy	10 days ago

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H L Pickard M. D.

(Address) 3201 St. Paul St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 2 3

F 17991 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17991

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Arbutus Ave St. 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Florence A. Wolf

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2408 Arbutus Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Charles Wolf

6. DATE OF BIRTH (month, day, year) Mar 12 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Bennett

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ellen Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Charles Wolf 2408 Arbutus Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Nov 29 1935

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED ... 19... Registrar

NOV 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-22-1934 to 11-26-1935

I last saw him alive on 11-26-1935 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-24-35

Other contributory causes of importance:

Arteriosclerosis, arterial Hypertension

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, ...

(Signed) Stafford Dixon M. D.

(Address) 1524 Eutaw Place

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H Forrester If U. S. Veteran specify WAR No Record

(a) Residence: No. 2211 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara E Forrester

6. DATE OF BIRTH (month, day, year): Sept 3 1851

7. AGE: Years 84 | Months 2 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Forrester

14. BIRTHPLACE (City or town) (State or country): Carroll Co Md

MOTHER

15. MAIDEN NAME: Margaret Shriver

16. BIRTHPLACE (City or town) (State or country): Carroll Co Md

17. INFORMANT: Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date 11/27 1935

19. UNDERTAKER: The Cook

(Address) 2110 St Paul St

20. FILED NOV 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 25 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to Nov 25 1935

I last saw him alive on Nov 24 1935 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Interstitial Nephritis

Other contributory causes of importance:

Senility

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo C Shannon M. D.

(Address) 700 Fulton Ave

F 17993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17993

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 135 N. Kossuth St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Mary Selby

If U. S. Veteran specify WAR .....

(a) Residence: No. 135 N. Kossuth St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Selby

6. DATE OF BIRTH (month, day, year) Sept 5 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick C. Sears

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christiana Bayer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Carrie E. Selby

(Address) 135 Kossuth St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cathedral Date Nov 27-35

19. UNDERTAKER C. B. Nippert & Son

(Address) 1300 Eutaw Place

20. FILED ... 19 ... Registrar

NOV 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 24 - 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to Nov. 24 1935

last saw her alive on Nov. 24 1935. Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar pneumonia	
Other contributory causes of importance: —	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas S. Bayer M. D.

(Address) 3632 Orleans

F 17994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17994

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 3809 Beehler Ave. ~~St.~~ 24th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Brodkin

If U. S. Veteran specify WAR .....

(a) Residence: No. 3809 Beehler Ave. ~~St.~~ ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Chivian

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Untrum

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Brodkin

(Address) 3809 Beehler ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loh Carmel Date 11/27/35 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Balto st

20. FILED NOV 27 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1935 to Nov 26, 1935

I last saw her alive on Nov. 26, 1935 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset Nov. 13, 1935

Cardiac failure

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harold P Roberts M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 17995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17995

CERTIFICATE OF DEATH.

✓ 46-B

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2838 Winchester ST. 16 WARD)

2. FULL NAME Thomas Bodensteiner

(a) RESIDENCE NO. 2838 Winchester ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

N. B.—WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kunigunda miller

6 DATE OF BIRTH (month, day, and year) 12-14-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Prop. Restaurant 0044

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Kunigunda Bodensteiner 2838 Winchester St

15 Filed NOV 27 1935, 19... Harry Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24-1935

17

I HEREBY CERTIFY, That I attended deceased from Oct 12, 1935, to Nov 24, 1935

that I last saw him alive on Nov. 24, 1935

and that death occurred, on the date stated above, at 9:45 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

not known (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Carcinoma Stomach

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? no Date of ———

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) C P Rozzling M. D.

19 (Address) 2623 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 11/27 1935

20 UNDERTAKER: Frederick A Pole — ADDRESS: 200 W Lombard St

NOV 27 1935

F 17996 Dr Corbin Street 712 Park Ave F 17996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3220 Overland Ave St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vestha A. Compton

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3220 Overland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ ~~or Divorced~~ Widowed (write the word)
Male	White	Widowed

6a. If ~~married,~~ widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Ida R. Compton

6. DATE OF BIRTH (month, day, year) Feb 14th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1926

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Custom Shirt Maker

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Bridgton N.J.

FATHER

13. NAME Theophilus Compton

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Herbert B. Aldrich

(Address) 3220 Overland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Harford County Md Date Nov 29th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 27 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1935 to Nov 27, 1935

I last saw him alive on Nov 22, 1935 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows: Chronic valvular heart disease - mitro-aclerosis (sudden death)

Date of onset

Other contributory causes of importance: Terminal myocardial failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so,

(Signed) Gordon Street, M. D.

(Address) 712 Park Ave. Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 17997

F 17997 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 N. Dallas St. St., 7 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Baer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1019 N. Dallas St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Baer

6. DATE OF BIRTH (month, day, year) May 1, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Orleans (State or country) La

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT John Baer

(Address) 1019 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Nov 29, 1935

19. UNDERTAKER Mr-Mrs. John W. Teufel & Son

(Address) 801 W. Lafayette Ave. Huntington Telephone

20. FILED NOV 27 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came to her death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schaefer, M. D. Coroner

(Address) 1917 E. North Ave.

F 17998

F 17998 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Lundin

If U. S. Veteran specify WAR

(a) Residence: No. 204 Reservoir Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna A Lundin

6. DATE OF BIRTH (month, day, year) June 8. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Carl A. Lundin

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Christine Pettersen

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Anna A Lundin
(Address) 204 Reservoir Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov 29 1935

19. UNDERTAKER John Ulrich & Sons
(Address) 210 E. Lexington St.

Filed Nov 27 1935, 19 Registrar.

NOV 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26-35

22. I HEREBY CERTIFY, That I attended deceased from 11-4-35 to 11-26-35, 19

I last saw him alive on 11-26-35. Death is said to have occurred on the date stated above, at 12.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. L. Howard M. D.

(Address) University Hospital

M. D. B 1268-9

F 17999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17999

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 E. Lafayette Ave St., 8 Ward)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William F. Kenny

(a) Residence: No. 1627 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche E. Kenny

6. DATE OF BIRTH (month, day, year) August 7 1829

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipper 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Treasury

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Blanche E. Kenny
(Address) 1627 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Cem. Date Nov 28, 1935

19. UNDERTAKER George W. Fickler
(Address) 1737 E. Eager St.

Nov 27 1935, 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to ... death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Senile Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenck, M. D.
Coroner

(Address) 1719 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 27 1935

F 18000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18000

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Sinai Hospital — Registered No.

CITY OF BALTIMORE: (No. ... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Julya Levinsohn — If U. S. Veteran specify WAR ...

(a) Residence: No. 3703 Reisterstown Road st. Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late William

6. DATE OF BIRTH (month, day, year): 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N.Y.

FATHER

13. NAME: Solomon L Holtz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Rachel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Beatrice Levinsohn 3703 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL: Place Balto Hebrew Cem't Date NOV 27 1935

19. UNDERTAKER (Address): W. J. Levinson Bro 1127 E Baltimore St

20. FILED ... Registrar.

NOV 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-26-35 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 . 1935 to Nov 26 . 1935

I last saw her alive on Nov. 26, . 1935 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Oct. 3,
Uremia	1932.
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bernard D. Lyman, M. D.

(Address) Sinai Hospital

M. D. No. 1268 F 18001 F 18001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 827

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3531 Oakmont ave St., 27-16 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Silverman

(a) Residence: No. 3531 Oakmont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob

6. DATE OF BIRTH (month, day, year): 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Morris Landesman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Jacob Silverman 3531 Oakmont ave

18. BURIAL, CREMATION, OR REMOVAL: Southern ave

Place: Bnai Israel Cong Date: Nov. 27, 1935

19. UNDERTAKER (Address): Sol Levinson Bro 1127 E Balto St

20. FILED: NOV 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935 to Nov. 26, 1935

I last saw her alive on Nov 26, 1935 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Cardiac dilatation	
Auricular fibrillation	
Cerebral Thrombosis	

Other contributory causes of importance:

External pachymeningitis	
Embolus of left popliteal artery	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Julius Sherry M. D.
(Address) Medical Arts Bldg

Information should be complete. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 18002

M. D. 126

F 18002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 West Fayette St. St., 19 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nicholas Beiser

(a) Residence: No. 1515 West Fayette St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late, Eva Beiser

6. DATE OF BIRTH (month, day, year) Feb. 18th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25 Years

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rumania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Rumania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT (Address) Nicholas P. Beiser 1832 West Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 27 1933

19. UNDERTAKER (Address) Harry H. Witzke 1701 Edmondson Ave.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

By Illuminating Gas Poison — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov. 21

Where did injury occur? 1515 West Fayette St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home,

Manner of injury Gas Flowed from gas jet.

Nature of injury Gas Poison

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

NOV 27 1933

F 18003 F 18003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. 90 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Poos

(a) Residence: No. 104 S. Collins Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Poos

6. DATE OF BIRTH (month, day, year) Nov. 8, 1897.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Donohue

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John C. Poos

(Address) 104 Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 11/28/ 19 35

19. UNDERTAKER Harry A. Metzger

(Address) 101 American Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1935 to Nov. 26, 1935

I last saw her alive on Nov. 25, 1935. Death is said to have occurred on the date stated above, at 6.45 a. m.

The principal cause of death and related causes of importance were as follows:

Streptococcic Meningitis — Date at onset

Otitis Media

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. D. Warke M. D.

(Address) St. Agnes Hospital

information should be carefully supplied. Age should be stated in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 18004

F 18004 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 93-C

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel A Proctor

(a) Residence: No. 1404 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 27 1935

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Proctor

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Seale

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary E. Forestal

(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 28, 1935

19. UNDERTAKER J. Elmer Keener

(Address) 2301 E Monument Street

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935 to Nov. 26, 1935

I last saw her alive on Nov. 25, 1935. Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Prob. ? yrs.
Arterio-Sclerosis	? yrs.
Senility	1 wk.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edwin B Jones M.D.

(Address) 1115 St Paul St, City

M. D. B 1268-9

18005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18005

62-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Solar Hygienic Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Bantum

(a) Residence: No. 621 N. Eden St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lyne Bantum

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Jack Patterson

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Ca Williams

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Arthur Bantum (Address) 621 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pt. Breeze Cem. Date Nov. 27th 1935

19. UNDERTAKER M. F. McElliott & Daughter (Address) 1129 Garrison Ave

20. FILED NOV 27 1935 E. E. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy (Was there an autopsy? Yes)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Nelson Coroner, M. D.

(Address) 1919 E. Fayette St.

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Use

F 18006

F 306096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John T. Morris

(a) Residence: No. 3726 Falls Road Ward. Brady 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-10-66

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Abraham Morris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Swan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Edith Bowers

(Address) 3726 Falls Road

18. BURIAL, CREMATION, OR REMOVAL New Market Cem. Baltimore Co. Nov. 29 1935

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

Huntington Mitchell, Registrar.

NOV 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1935 to Nov 26, 1935

I last saw him alive on Nov 26, 1935 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	11-18-35
Bronchitis	11-9-35
Acute urinary retention	11-9-35
Uremia	11-9-35

Other contributory causes of importance:

Benign Prostatic Hypertrophy	1930?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl E Buckland, M. D.

(Address) J H H.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18007 HEALTH DEPARTMENT—CITY OF BALTIMORE 18007

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred: Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Jacob Frankel
(a) Residence: No. Sinai Hosp. St., Ward.
(Usual place of abode) Retired Home (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 21, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER
13. NAME Philip Frankel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Yetta Black
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. B. Ottenheimer
(Address) 3508 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Cem. Date 11/29/ 1935

19. UNDERTAKER Baird Sondheim & Co
(Address) 1922 Eutaw Place

20. FILED NOV 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1935, to Nov. 27, 1935
I last saw h[illegible] alive on Nov 27, 1935. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Chronic myocarditis	
Cardiac hypertrophy & dilatation	
Cardiac insufficiency	
Other contributory causes of importance: uremia	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard I. Brody M. D.
(Address) Sinai Hosp

Information should be complete, accurate, and in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18008

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., No Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie (~~Sentmanis~~) Sentmanis

(a) Residence: No. 43 N. Janney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wilhjm 1866

6. DATE OF BIRTH (month, day, year): 10/3/~~66~~ 72

7. AGE: Years 69 ~~73~~; Months 1; Days 23; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Atkinson

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Hannah Brown

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Daughter. (Address) Berlin, Worcester Co.

18. BURIAL, CREMATION, OR REMOVAL: Place Balto Cem Date Nov 30 1935

19. UNDERTAKER: Frank V. Lipitone (Address) 218 S. Bond St.

Huntington Williams, M.D. Registrar

FILED NOV 27 1935 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1935 to 11/26, 1935

I last saw her alive on 11/26, 1935 Death is said to have occurred on the date stated above, at 5-55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia	3 days
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Reiter M. D.

(Address) Balto City Hosp.

information should be carefully supplied. Age should be given in years, months, days, hours, or minutes, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 18009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18009

CERTIFICATE OF DEATH

93-E

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Brown

(a) Residence: No. 2103 Druid Hill Avenue St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Hare Brown

6. DATE OF BIRTH (month, day, year) April 6, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 008 10

10. Date deceased last worked at this occupation (month and year) 11-1-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Della Atkinson

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 11/28 1935

19. UNDERTAKER Frances A. Hemelgy

(Address) 578 W. Biddle St.

Huntington Williams, M.D.

Registrar

FILED NOV 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1935 to November 25, 1935

I last saw him alive on November 25, 1935 Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic, degenerative	Unknown

Other contributory causes of importance:

Arteriosclerosis, generalized with hypertension. Unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. B. H. a deser, M. D.

(Address) U.S. Marine Hospital, Baltimore

Information called for on this certificate is required by law (Ordinances 1259, approved April 14, 1915, and 1260, approved April 15, 1915). Fill in all items, using best information obtainable. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18010

93-c

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. Ward) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sr. Mary Vincent Martin

(a) Residence: No. St. Agnes' Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sr. of Charity 0653

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 57 yrs.

12. BIRTHPLACE (city or town) (State or country) Germantown Pa.

FATHER

13. NAME John Martin

14. BIRTHPLACE (city or town) (State or country) County Wexford Ireland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Catherine Doohen Philadelphia Pa.

17. INFORMANT Sr. Anna
(Address) St. Agnes' Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov. 28 1935

19. UNDERTAKER Martin Fahy & Sons
(Address) 1827 N. Howard Ave.

19 Huntington Pittsville, Registrar

V 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1933 to Nov. 25 1935

I last saw her alive on Nov. 25 1935 Death is said to have occurred on the date stated above, at 9 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. disease	
Cerebral hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas B. Heath M. D.

(Address) St Agnes Hospital

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 18011 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18011

CERTIFICATE OF DEATH

91-a

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6205 Eastern Avenue St., 76 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ELVIRA E. MEYER

(a) Residence: No. 6205 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: - - -

6. DATE OF BIRTH (month, day, year) Sept. 7. 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Henry L. Meyer

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Ellen Fanning

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mrs. Eveline Boss
(Address) 3021 Mayfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Moreland Memorial Date: Nov. 29. 1935

19. UNDERTAKER: HENRY SANDER & SONS. INC. Geo. J. Sander.
(Address) Baltimore & Broadway

20. FILED NOV 27 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12 - 35 - to Nov. 26 35. I last saw her alive on Nov. 25 35. Death is said to have occurred on the date stated above, at 12.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Endocarditis	5 hrs.
Other contributory causes of importance:	
Cerebral Hemorrhage	1 wk.

Name of operation No Date of —

What test confirmed diagnosis? Blood Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Weir M. D.

(Address) 1405 Park Ave.

Information should be entered in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 18012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18012

CERTIFICATE OF DEATH

46-9

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Gorsuch Ave. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GEORGE L. KUNKEL

(a) Residence: No. 1321 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julianna Kunkel

6. DATE OF BIRTH (month, day, year) Jan.11.1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August Kunkel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Miss Elizabeth Kunkel (Daughter)
(Address) 1321 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Nov. 27 35
Place Date 19

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry J. Sander
(Address) Baltimore & Broadway.

20. FILED NOV 27 1935 19 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.25.1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 35 to Nov 25 35

I last saw h alive on Nov 24 35. Death is said to have occurred on the date stated above, at 4.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1 Year
Pneumonitis	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. S. Terry, M. D.

(Address) 627 Mt. Royal Ave.

Information called for on both sides of this certificate must be supplied so far as possible. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18013

175

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1617 Sarah Ann St. St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S Veteran specify WAR .....

2. FULL NAME Ollie Mathews Williams.
(a) Residence: No. 1617 Sarah Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William Williams

6. DATE OF BIRTH (month, day, year) Unknown 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME James Butler
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Charity Jackson
16. BIRTHPLACE (city or town) (State or country) Md,

17. INFORMANT Susan Jackson
(Address) 507 L, St. S.W. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Cem. Date 11/29 19

19. UNDERTAKER William A. Jackson
(Address) 1617 Sarah Ann St.

20. FILED NOV 27 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Fractured skull and sub-dural hemorrhage (Right forehead)

Date of onset

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury? Date of

Name of operation Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homocide Date of injury Nov. 23 1935
Where did injury occur? 1617 Sarah Ann St, (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place At home.
Manner of injury Struck on head with hammer
Nature of injury Fractured skull, Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner
(Address) 1939 Edmondson Ave.

N. B.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18014 ✓ F 18014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Leadenhall St., 23 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia Parker

(a) Residence: No. 1108 Leadenhall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Parker (dec'd)

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 71 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME Jacob Jennings

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Jane (Mother) (Name unknown)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James Parker
(Address) 1108 Leadenhall

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11/26 . 1935

19. UNDERTAKER Hatfield & Sons
(Address) 1324 W. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25-35

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 . 1935 . to Nov 25 . 1935 . 19 35

I last saw h[illegible] alive on Nov 25 . 1935 . Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Intestinal Nephritis

Date of onset

Other contributory causes of importance:

Senility

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. H. Hamill M. D.

(Address) 1109 Cathedral St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

O. S. 3

10-27-1935 [illegible]

Phaneuf ✓ F 18015

18015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Thomas Marie Phaneuf

(a) Residence: No. Overlea Rd. Catonsville St., ____ Ward. Md. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Eugene Phaneuf

14. BIRTHPLACE (city or town) Nova Scotia
(State or country)

MOTHER

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Records
(Address) John Hopkins Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mariana Park. Date 11/27/35 19

19. UNDERTAKER Leonard J. Pumphrey
(Address) 5305 Harford Rd.

20. FILED NOV 27 1935 Thurlington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ____ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal Hemorrhage	
Multiple contusions of body	

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 26-35

For what disease or injury? Fatal Hemorrhage

Name of operation Hysterectomy Date of Nov 26-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 26 1935

Where did injury occur? Overlea - Parkville Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Struck by a man with fist(s)

Nature of injury Fatal Hemorrhage - Multiple contusions

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Carl Peterson M. D. Coroner

(Address) 1112 N. Howard St.

Information should be written with pen and ink, or typewriter, and plainly legible. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

✓ F 18016

F 18016 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1757 N. Gay St. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Armstrong

(a) Residence: No. 1757 N. Gay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter W. Armstrong

6. DATE OF BIRTH (month, day, year) July 9 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

FATHER

13. NAME Joshua Johnson

14. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

MOTHER

15. MAIDEN NAME Emma Friend

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Jno. Jas. Armstrong

(Address) 1757 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/29 1935

19. UNDERTAKER Josiah Byers

(Address) 16 E. Lafayette Ave.

Huntington Pennsylvania

Registrar.

NOV 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1935 to Nov 25 1935

I last saw her alive on ... 19 ... Death is said to have occurred on the date stated above, at 1-10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Myocarditis (Chronic)	
Other contributory causes of importance: Acute Cardiac Dilitation	Nov 24 35

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Harry Eastman M. D.

(Address) 753 W. Fayette St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18017

F 18017 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Thompson

(a) Residence: No. 1069 W. Fayette st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 3, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House of Good Shepard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Thompson

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Vashati Phillips

16. ~~BIRTH~~PLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Nov 28 1935

19. UNDERTAKER Jos. O. Gaseklow
(Address) 608 N. Gilmor

Huntingdon Williams, M.D.
Registrar.

NOV 27 1935 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1935 to Nov. 24 1935
I last saw her alive on Nov. 24 1935. Death is said to have occurred on the date stated above, at 5.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1932

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Karlsin M. D.
(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 18018

18018 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 Fakeley St., 12 Ward)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edyth Gray

(a) Residence: No. 162 Fakeley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Gray

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sarah E. Tufts Daughter

(Address) 162 Fakeley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 28 1935

19. UNDERTAKER Samuel H. Crane Son

(Address) 655 N. Eutaw St.

Thurlington Littlewood

Filed ..... 19 ..... Registrar .....

NOV 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/1 1935 to 11/25 1935

I last saw h alive on 11/15 1935. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Ch. Nephritis + Coma

Dropsy

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. M. Rhett M. D.

(Address) 2139 Hoe

✓ F 18019

18019 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Loudon Ave. St., 70 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Wm. Mc Closkey

(a) Residence: No. 509 Loudon Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia E. DeSheza

6. DATE OF BIRTH (month, day, year) Jan. 21, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington, Del.

FATHER

13. NAME James McCloskey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Mullen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Virginia McCloskey 509 Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 11/28/35 19

19. UNDERTAKER (Address) John E. Mitchell & Sons 1900 Eutaw Place

20. FILED NOV 27 1935 Huntington Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1935, to Nov. 25, 19 35

I last saw h... alive on Nov. 24, 19 35 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular renal disease	several years

Other contributory causes of importance:

Chronic myocarditis interstitial nephritis	Sept. 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical course Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. Flassig. M. D.

(Address) 1904 W. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Busick ✓ F 18020

18020 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2431 Arunah Ave. St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Anna Kelley Busick

(a) Residence: No. 2431 Arunah ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Jump Busick

6. DATE OF BIRTH (month, day, year) June 1, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kent Co. (State or country) Md.

FATHER

13. NAME Henry Kelley

14. BIRTHPLACE (city or town) Kent Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Louise S. Kirven

16. BIRTHPLACE (city or town) Kent Co. (State or country) Md.

17. INFORMANT Louisa E. Busick
(Address) 2431 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Still Pond, Kent Co. Nov. 29 1935

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place, City

FILED NOV 27 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935 to Nov 26 1935

I last saw h alive on Nov 25 1935 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	5 day

Other contributory causes of importance:
Cerebral Hemorrhage
Nov 16.

Was an operation performed? No Date of

For what disease or injury? No.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place None

Manner of Injury None

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Grace M. D.

(Address) 612 N 50

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18021

V 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Clifton Pk. Terrace St., 61 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Agnew Twin # 1

(a) Residence: No. 2904 Clifton Pk. Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Nov. 27-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Fred Agnew

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Hovermale

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Fred Agnew
(Address) 2904 Clifton Pk. Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Cemetery Date Nov 27 1935

19. UNDERTAKER Undertaker Agent
(Address)

20. FILED ..... 19 ..... Registrar

NOV 27 1935

1892

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schultz Coroner, M. D.

(Address) 1912 E. Fayette St.

See 90 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18022

18022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Clifton Pk. Terrace St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Agel

If U. S. Veteran specify WAR

(a) Residence: No. 2704 Clifton Pk. Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Fred Agel

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Rosenbaker

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Fred Agel
(Address) 2704 Clifton Pk. Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. med. School Date Nov 27 . 1935

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED ... 19... E. WOODALL Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Neal Schenstein, M. D.
Coroner

(Address) 19 E. Fayette St.

Use ink. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 27 1935

1893 1977

M. D. P. 1268-9

F 18023

18023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

xv 161-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Bissell

(a) Residence: No. Cayney, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): November 14, 1935

7. AGE: Years | Months | Days: 1 | If LESS than 1 day, hrs. or min.: 11 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME: Edgar Bissell

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Martha Bissell

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL: Place J H Med School Date 11-17-35, 19

19. UNDERTAKER (Address)

20. FILED NOV 27 1935 Huntington Wis. Registrar

1893

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-16-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-14-35, 19, to 11-16-35, 19

I last saw him alive on 11-16-35, 19. Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

Partial atelectasis — Date of onset:

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Whitridge Jr M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-0

F 18024

18024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Foster

(a) Residence: No. 203 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

3a. If married, widowed, or divorced WIFE of / HUSBAND of

6. DATE OF BIRTH (month, day, year) November 15, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME William E. Foster

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cora Davis

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hillcrest Cemetery Date Nov 27, 1935

19. UNDERTAKER

(Address)

20. FILED Nov 27 1935 Huntington Phillips, Registrar.

1896 WP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-15-35, 19, to 11-19-35, 19

I last saw him alive on 11-19-35, 19. Death is said to have occurred on the date stated above, at 8 00 A. m.

The principal cause of death and related causes of importance were as follows:

Intra cranial Hemorrhage?

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Whitridge Jr., M. D.

(Address) Johns Hopkins Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1265-9

F 18025

18025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34a-160B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2042 Ellsworth St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Bradley

(a) Residence: No. 2042 Ellsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 20, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Francis Bradley

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Mitchell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jr. H. Mid. School Date Nov 27, 19 35

19. UNDERTAKER Commissioner Health

(Address) Huntington Avenue

20. FILED Nov 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-20-35, 19 to 11-20-35, 19

I last saw him alive on 11-20-35, 19 Death is said to have occurred on the date stated above, at 8 20 A m.

The principal cause of death and related causes of importance were as follows:

Intra Cranial injury ?
Partial atelectasis ?

Date of onset

Other contributory causes of importance:

Congenital Lues ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Whitridge, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each OCCUPATION is very important. See instructions on back of certificate.

91

V 27 1935

F 18026

18026

HEALTH DEPARTMENT—CITY OF BALTIMORE

306532

CERTIFICATE OF DEATH

✓ 13-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1113 Woodyear St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-20-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Sidney Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Hunt

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. Med School Date Nov 27 19 35

19. UNDERTAKER

(Address)

20. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Nov 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1935 to Nov 20 1935

I last saw h— alive on Nov 20 1935 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

Dysentery — Date of onset 11/15/35

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Lanahan Jr M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

27 1935

M. D. B 1263-9

F 18027

F 18027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1847 Covington St. St., 24 Ward)

Length of residence in city or town where death occurred 60 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas W. Todd.

(a) Residence: No. 1847 Covington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Elizabeth E. Todd.

6. DATE OF BIRTH (month, day, year) February 6, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

FATHER

13. NAME Thomas Todd.

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Mary Jones.

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Elizabeth E. Todd. (wife)
(Address) 1847 Covington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Nov 29 35

19. UNDERTAKER Philip Hervey Sons
(Address) 2016 Orleans St

20. FILED ..... 19..... Registrar.

NOV 27 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Albert Feinbach M. D.
Coroner

(Address) 1017 E. Charles St. 11/26/35

M. D. B. 1268-9

F 18028

18028 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

46-E

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N Curley St., 6 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? 58 yrs. mos. ds.

2. FULL NAME Antonie Nahunska

(a) Residence: No. 221 N. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Nahunska

6. DATE OF BIRTH (month, day, year): Oct 27 /64

7. AGE: Years 71; Months; Days 25; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation. (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Antonie Poharalek

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: N. Known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Mary Sunda

(Address) 221 N Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 19, 19...

19. UNDERTAKER: Sanitary Funeral Home

(Address) 1126 Windsor Ave

20. FILED: Nov 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1935 to Nov 26, 1935

I last saw her alive on Nov 26, 1935. Death is said to have occurred on the date stated above, at 6 AM m.

The principal cause of death and related causes of importance were as follows:

Obstruction Jaundice Hepatic Malignancy

Hypostasis Lung

Bilateral Parotitis

Date of onset

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis Krause, M. D.

(Address) Med. Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 18029

18029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarabell Frazier Harvey

(a) Residence: No. 113 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. genl house wk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Albert Harvey

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George Harvey

(Address) 223 C St. N. W. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D.C. Date 11-30, 1935

19. UNDERTAKER Thomas E. Nelson

(Address) 303 Presstman St

20. FILED DEC 1 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 26, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intercranial haemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Wright, M. D. Coroner

(Address) 1010 S. Belnord Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 18030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18030

46-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 RIGGS AVE St., 16 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME SAMUEL FITZGERALD

(a) Residence: No. 1604 RIGGS AVE St., ... Ward. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Lena Belle Fitzgerald

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Fitzgerald

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lena Belle Fitzgerald

(Address) 1604 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemet. Date Nov 29 1935

19. UNDERTAKER Elroy O Wylan for Brantley

(Address) Hunting & Primrose

19 ... Registrar

Nov 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the stomach — Date of onset June? Aug 6 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 28, 1935

For what disease or injury? Carcinoma of Stomach

Name of operation Exploratory, Separation Date of 8-28-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Unknown

(Signed) Lena Belle Fitzgerald M. D.

(Address) 1604 Riggs Ave

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 18031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18031

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Halbert Apts St. W Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Esther Helen Houlihan

(a) Residence: No. Halbert Apts St., Ward Carlisle Penna
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thos. H. Houlihan

6. DATE OF BIRTH (month, day, year) May 15-1890

7. AGE: Years 45 | Months 6 | Days 12 | If LESS than 1 day, hr. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None | 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Batavia New York

FATHER

13. NAME Edward Hanley

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Lucy M Doerr

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mr. T. H. Houlihan (husband)
(Address) Halbert Apts

18. BURIAL, CREMATION, REMOVAL
Place St. Mary's Cem Date Nov 29 1935

19. UNDERTAKER Albert W Dentzer
(Address) 440 E North Ave

Filed NOV 27 1935, 19 Huntington Pettigrew
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1935, to 11/26, 1935

I last saw h[illegible] alive on 11/26, 1935. Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia	11/24/35
Hemiplegia	

Other contributory causes of importance:

Arteriosclerosis	Several Years
Chronic Heart Disease	

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. H. Peabody, M. D.

(Address) 202 W. Eager

OV 27 1935

M. D. B 1268-9

F 18032

F 18032 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 Washington Blvd St., 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul McEvans

(a) Residence: No. 2528 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced. HUSBAND of (or) ~~WIFE of~~ Virginia M. Evans

6. DATE OF BIRTH (month, day, year) Jan 1 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Stock Broker~~ Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George W. Evans

14. BIRTHPLACE (city or town) (State or country) Rockhoven Penn

MOTHER

15. MAIDEN NAME Fannie Mellinger

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Walter J. Evans.

(Address) 2110 Abell ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 11/29 1935

19. UNDERTAKER Edw Loudon

(Address) 1338 Druid Park Dr

20. FILED ... Huntington Fitzhugh ... Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Nov. 26 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Illuminating gas poison	1 hour

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 11-26 1935

Where did injury occur? In kitchen of home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips Coroner M. D.

(Address) 1939 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 27 1935

✓ F 18033

18033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. ?? Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Lee Ryan

(a) Residence: No. Transient Bureau St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Cem Date 11-27 1935

19. UNDERTAKER John J. Doyle & Son
(Address) 512 N. Eutaw St.

DEC 7 1935

19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/25 1935 to 11/24 1935

I last saw him alive on 11/24 1935 Death is said to have occurred on the date stated above, at 1.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Wk
Hypertensive cardiovascular disease	3 yr.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Ryder M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 18034

18034 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17 Ward)
Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME John Addison
(a) Residence: No. 904 Little Pine St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (illegible)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 11/27 1935

19. UNDERTAKER J. J. Fahey Son & Co.
(Address) 1218 Light St.

27 1935 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1889 to 11-25, 1935
I last saw him alive on 11-25, 1935 Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer Varicose of Leg	?
Hemiplegia	? 1935
Myocardial Failure	11-25-35

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? None
Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank Wilson M. D.
(Address) Balto. City Hosp.

M. D. B. 1208-9

(Bowers) ✓ F 18035

18035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Hyanklin St., 18 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Bowers

(a) Residence: No. 914 W Hyanklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Bowers

6. DATE OF BIRTH (month, day, year)

7. AGE: 35 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Buggies & Rollers
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Robert C Bowers
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Hettie Davis
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Annie Bowers
(Address) 1018 Pine St Apt 1st

18. BURIAL, CREMATION, OR REMOVAL
Place: Boydton, Va. Date: Nov 27, 1935

19. UNDERTAKER: Mrs. Kate R. Williams
(Address) 322 E Saratoga St.

20. Filed 1935 Nov 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 25 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1935 to Nov 24 1935
I last saw him alive on Nov 24 1935. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Pulmonary Renal Complications	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John C Stewart M. D.
(Address) 704 W Lafayette Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18036 F 18036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH Mercy Hospital — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME George Foster — If U. S. Veteran specify WAR No Record

(a) Residence: No. 2804 Rosalawn Ave St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lou B. Foster

6. DATE OF BIRTH (month, day, year) April 3 1866

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
69	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Processman (do)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 11/24/35

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Foster

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Poole

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George Foster

(Address) 2804 Rosalawn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date 11/30 1935

19. UNDERTAKER William Cobb

(Address) 1217 St Paul St

20. FILED NOV 29 1935 Hunting Ave & Pratt St

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 24th, 1935 to Nov. 27th, 1935

I last saw him alive on Nov. 27th, 1935 Death is said to have occurred on the date stated above, at 3.25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Nov. 24

Other contributory causes of importance:

Hypertension + glaucoma; aged arteriosclerosis

Was an operation performed? No. Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry F. Kane, M. D.

(Address) Mercy Hospital.

M. D. B. 1265-6

Jacobsen

F 18037

F 18037 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital St., (Ward) 40

Length of residence in city or town where death occurred 40 yrs. 7 mos. 28 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilhelmina Jabosen.

No War Record

(a) Residence: No. 657 S. 6th St. Brooklyn. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, (or) WIFE of Thorwald Jabosen.

6. DATE OF BIRTH (month, day, year) March 29, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Hennline.

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Laura Noff.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Thorwald Jacobsen. (husband) 657 S. 6th St. Brooklyn.

18. BURIAL, CREMATION, OR REMOVAL Place CEDAR HILL Date 11/29 1935

19. UNDERTAKER (Address) Wm Curtis 1212 E. Pond St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2.10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of the Uterus during Labor.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Fred Steinhardt M. D. Coroner

11/27/35 (Address) 1017 E. Charles St.

F 18038 Grant 6 Giles ✓ F 18038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Giles

(a) Residence: No. 1224 Division St., Ward. Baltimore & Calvert Co's

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mary Giles

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

FATHER

13. NAME James Giles

14. BIRTHPLACE (city or town) (State or country) Calvert County Md

MOTHER

15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (city or town) (State or country) Calvert County Md

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hope Date 11/28 1935

19. UNDERTAKER H. H. Hutchins & Sons

(Address) Owings Md

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/15 1935 to 11/24 1936

I last saw him alive on 11/24 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	11/17/36
Arterio Sclerosis	?
Myocarditis	?

Other contributory causes of importance:

Hypertension	?
Senility	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert L. Lafond M. D.

(Address) 1116 North Avenue

OCCUPATION IS VERY IMPORTANT. See instructions on back of this certificate.

V S 3

NOV 20 1935 A

F 18039

F 18039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E Curtis Bay

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4819 Pennington Ave. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME J. H. Milton Griffith

(a) Residence: No. 4819 Pennington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura L. Griffith

6. DATE OF BIRTH (month, day, year) June 5 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	5	23 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chem. Cal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Severn md

FATHER

13. NAME Franklin Griffith

14. BIRTHPLACE (city or town) (State or country) Severn md

MOTHER

15. MAIDEN NAME Emily Griffith

16. BIRTHPLACE (city or town) (State or country) Severn md

17. INFORMANT Mrs Laura L Griffith (Wife)

(Address) 4819 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 28 19 5~

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 - 1934 to Nov 25 - 1935

I last saw him alive on Nov 6 - 1935. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Lymphosarcoma (abdominal) — Date of onset: apx. 1934

Other contributory causes of importance:

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William M. Scott. M. D.

(Address) 4815 Pennington Ave

OCCUPATION is very important. See instructions on back of certificate.

✓ F 18040

F 18040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH So. Balto. General Hospital

CITY OF BALTIMORE: (No. 1213 Light St. 25 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Rishel

(a) Residence: No. 3614 Brooklyn Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie A. Rishel

6. DATE OF BIRTH (month, day, year) April 24, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mifflinburg Pa.

FATHER

13. NAME John Rishel

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMANT (Address) John C. Rishel 3713 6th. N. Brooklyn.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Nov. 29. 1935

19. UNDERTAKER (Address) John J. Denny 715 Light St.

20. FILED NOV 29 1935 Registrar of Vital Statistics

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 19. 1935 to Nov 26. 1935

I last saw him alive on Nov 26. 1935 Death is said to have occurred on the date stated above, at 7.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal bronchopneumonia	
Other contributory causes of importance: Ruptured gastric ulcer	

Was an operation performed? repair of ruptured ulcer Date of Nov 18, 1935

For what disease or injury? Ruptured gastric ulcer

Name of operation ..... Date of .....

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James L. Webb M. D.

(Address) 1213 Light St

F 18041

F 18041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 E. University Park, W. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 55 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August f. Trappe.

(a) Residence: No. 323 University Parkway St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna W. Trappe.

6. DATE OF BIRTH (month, day, year) September 6, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journalist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Retired 1 Year

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christopher Trappe,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Mrs Frieda) Mc Cullough.

(Address) 323 E. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date NOV 29 1935

19. UNDERTAKER Robert S. Slate

(Address) 2700 Edmondson Ave.

20. FILED NOV 29 1935 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 26 1935

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to November 26, 1935

I last saw h.. alive on Nov. 26, 1935. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	1932

Other contributory causes of importance:

Was an operation performed? Exploratory Date of 1935

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

11/27/35 (Signed) David Jaspen M. D.

(Address) Med. Arts Bldg. Baltimore

M. D. B. 1268-9

F 18042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18042

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sarah A. Packham

(a) Residence: No. 3804 Garrison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eldridge Packham, Jr.

6. DATE OF BIRTH (month, day, year) May 9. 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME E. Bankard.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME ? Caltrider,

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs Oscar A Bathke
(Address) 3804 Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date NOV 29 1935

19. UNDERTAKER Robert S Stitt
(Address) 2700 Edmondson Ave.

(Filed) NOV 28 1935 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27-35 19

22. I HEREBY CERTIFY, That I attended deceased from 11-22-35 . 19 . to 11-27-35 . 19 .

I last saw h[illegible] alive on 11-27-35 . 19 . Death is said to have occurred on the date stated above, at 10 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset (month or year)
1- Acute Fibrinous Appendicitis	?
2- Peritonitis	11-22

Other contributory causes of importance:

1- Cardio Vascular Renal Disease

2- Senility

Name of operation appendectomy & Drainage Date of 11-22 35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) [illegible] M. D.

(Address) W. 33 y. N

✓ F 18043

18043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 BRADDISH AVE St., 15 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rebecca N. Steinberg

(a) Residence: No. 1801 Braddish ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benj. J. Steinberg

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Weinstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fagis

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benj. J. Steinberg
(Address) 1801 Braddish Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 11/28/35 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1412 E. Baltimore St.

FILED NOV 29 1935 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935 to Nov 27, 1935. I last saw her alive on Nov 27 1935. Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Degeneration Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Hantzen M. D.

(Address) 3 Park Evergreen 7all Phone

M. D. B 1268-9

F 18044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18044

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W. Lafayette Ave 14th Ward)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

No War Record

2. FULL NAME Annie M. McDaniel

(a) Residence: No. Northbrook Court Apts St., Washington D. C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 28th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired D.C. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James McDaniel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Althea Tesch

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT W. G. D. Morrison
(Address) 1216 John St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 29th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Nov 30th 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Thyrocervicle.

Date of onset

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C Hann, Coroner M. D.

(Address) 101 E Fayette St

F 18045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53-C

1. PLACE OF DEATH [illegible] HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Haiganoush Boyajian

If U. S. Veteran specify WAR .....

(a) Residence: No. 125 Hurst Ave. St., ... Ward. Lansdowne Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 9 3 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Armenia

FATHER

13. NAME Nishan Kachadourian

14. BIRTHPLACE (city or town) (State or country) Armenia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Reads—

(Address) [illegible] HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Pa Date 11/28 1935

19. UNDERTAKER William Cook

(Address) 217 St Paul Street

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1935 to Nov. 27 1935

I last saw him alive on Nov. 27 1935 Death is said to have occurred on the date stated above, at 3 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	Aug '35

Other contributory causes of importance: Wound infection, Streptococcus

Was an operation performed? Yes Date of 11/20/35

For what disease or injury?

Name of operation Left cranial trephine Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hosp

OCCUPATIONS IS VERY important.

V 9 3

F 18046 ✓ F 18046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Spencer

(a) Residence: No. 522 W. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) — 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Rev. James Tillett

(Address) 522 W Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Washington N. C Date Nov 29 1935

19. UNDERTAKER Thos. E. Kelson

(Address) 1203 Pressman St

20. FILED NOV 30 1935 [illegible] Registrar

OCCUPATION is very important. See instructions on BACK of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1935, to 11-26, 1935

I last saw h. alive on 11-26, 1935 Death is said to have occurred on the date stated above, at 6.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Renal Disease	
Lobar Pneumonia	
Chronic nephritis	

Other contributory causes of importance:

Uremia Coma

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Harris M. D.

(Address) Provident Hospital

F 18047

F 18047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annabel J. Brandenburg

(a) Residence: No. Mount Airy, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Jane Brandenburg

6. DATE OF BIRTH (month, day, year) Nov 3 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman Railroad

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Brandenburg

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Mullendore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT C. O. Brandenburg.

(Address) Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove Cemetery Date Dec. 1 1935

19. UNDERTAKER C. M. Hott

(Address) Mt. Airy Md.

DEC 2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/26 1935 to 11/29 1935

I last saw him alive on 11/29 1935 Death is said to have occurred on the date stated above, at 4.05 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid — Date of onset 1-2 yrs

Other contributory causes of importance:

Acute Intestinal obstruction — 5 days

Was an operation performed? Yes Date of 11/29/35

For what disease or injury? Intestinal obstruction

Name of operation Laparotomy Date of 11/29/35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel F Robinson, M. D.

(Address) Mercy Hosp

F 18048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18048

CERTIFICATE OF DEATH

46-9

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2238 E. Biddle St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Marie F. Wrzesinski
If U. S. Veteran specify WAR .....

(a) Residence: No. 2238 E. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 22, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Wrzesinski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Orach
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Catharine Wrzesinski
(Address) 2238 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date NOV 29 1935

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

(Filed) NOV 29 1935 (Registered)

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1935 to Nov. 27, 1935
I last saw her alive on Nov. 26, 1935 Death is said to have occurred on the date stated above, at 7.25 A m.

The principal cause of death and related causes of importance were as follows:
Retroperitoneal sarcoma
2 bone metastases
Date of onset 1934

Other contributory causes of importance:
Bronchopneumonia with pulmonary edema
11/24/35

Was an operation performed? Yes Date of Aug. 26, 1935
For what disease or injury? Exploratory Laparotomy
Name of operation Exploratory Laparotomy Date of 8/26/35
What test confirmed diagnosis? microscope Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) F. Schlenger M. D.
(Address) 3074 E. Baltimore St.

F 18049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18049

CERTIFICATE OF DEATH

146-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 438 E 22nd St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry R Piet
(a) Residence: No. 438 E 22nd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena Hoff Piet

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Cigar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME William A. Piet
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Mary Butler
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Lena Hoff Piet
(Address) 438 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL
Place Cadmus (Lewis) Date Nov 29 1930

19. UNDERTAKER Mary M Wedderburn
(Address) 201 E 22nd St

20. FILED 19 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27/ 1930

22. I HEREBY CERTIFY, That I attended deceased from August 29 1930 to Nov 27 1930
I last saw him alive on Nov 27 1930. Death is said to have occurred on the date stated above, at 9.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	11.27.30
Cachexia	
Cancer	

Other contributory causes of importance: Acute Carcinoma of Rectum — 4½ yrs

Name of operation Colostomy Date of 1930
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Thomas J White M. D.
(Address) 532 E 22nd St

OCCUPATION is very important. See instructions on back of certificate.

V-S 3

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

18050 18050

CERTIFICATE OF DEATH

✓ 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 N. Calvert St. St., 17 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry S. Kendall

(a) Residence: No. 2421 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emilie Slater (Kendall)

6. DATE OF BIRTH (month, day, year) Nov. 16. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry L. Kendall
14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Penelope Shield
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Emilie S. Kendall
(Address) 2421 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 29. 1935

19. UNDERTAKER John O. Whitcraft & Sons
(Address) 820 Eutaw Place

20. FILED NOV 29 1935 19.. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1927 to Nov 28, 1935
I last saw h in alive on Nov 26. 1935 death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia —	Nov 17 —
& Cardiovascular Decompensation	
Other contributory causes of importance:	
Auricular fibrillation.	1926
Cerebral Thrombosis	1927
Chronic Nephritis.	Unknown

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — 19..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Nathaniel M. Beck M. D.
(Address) 2727 N. Charles St.

Spec.—8-16-29—L. F. S.—100 Bks.

18051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18051 / 23

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Myrtle ST. 17 WARD)

2—FULL NAME Sylvester Taylor

(a) RESIDENCE NO. 1332 Myrtle ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. _____ mos. _____ ds. How long in U. S., If foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 DATE OF BIRTH (month, day, and year): April 3 - 1909

7 AGE: Years 26 | Months 7 | Days 13 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: _____

9 BIRTHPLACE (city or town) (State or country): Hartsville S. C.

PARENTS

10 NAME OF FATHER: Sylvester Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Darlington S. C.

12 MAIDEN NAME OF MOTHER: Hester Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hartsville S. C.

14 Informant: Hester Williams
(Address) 1332 Myrtle ave

15 Filed Nov 29 1935 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 26 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1935, to Nov 26, 1935, that I last saw him alive on Nov 26, 1935 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Acute Stitheis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Tuberculous Bacillemia

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Roy Woolridge, M. D.

11/26, 1935 (Address) 703 W Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Calvary

DATE OF BURIAL: 11-30 1935

20 UNDERTAKER: Jas. Mc Skinner

ADDRESS: 1038 Myrtle ave

F 18052 F 18052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 Arunah ave St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma S. Pruttis

(a) Residence: No. 2909 Arunah ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G.

6. DATE OF BIRTH (month, day, year) April 29, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hughsville Pa

FATHER

13. NAME ? King

14. BIRTHPLACE (city or town) (State or country) Hughsville Pa

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Hughsville Pa

17. INFORMANT Helen Guglinzza

(Address) 2909 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place William Hoffa Date 11/30/35 19

19. UNDERTAKER Frederick A Cole

(Address) 1200 W Lombard st

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 , 1935 to Nov 28 , 1935

I last saw h[illegible] alive on Nov 27 , 1935. Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypo Stat Pneumonia	Nov 35

Other contributory causes of importance:

Nephritis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Edw Talbot , M. D.

(Address) 2307 Edmondson Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 18053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18053

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Spencer

(a) Residence: No. 1133 N. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apl. 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	7	23-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Spencer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Davis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Nov. 29, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

Huntington Williams
Registrar

20. FILED NOV 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24-1935

22. I HEREBY CERTIFY, That I attended deceased from 8-5- 1935 to 11-24 1935

I last saw him alive on 11-24 1935 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fecal fistula secondary to appendectomy	6 mo.

Other contributory causes of importance:

Hepatic & subhepatic abscess? Metastatic abscess of lung?

Was an operation performed? yes Date of .....

For what disease or injury? May 1935 & Sept 6 1935 fistula

Name of operation appendectomy & closure Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robt J. Martin M. D.

(Address) Balto City Hospt.

M. D. F. 1268-9

F 18054

F 18054 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 W. Lanvale St. Ward 16)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jannie Howard.

(a) Residence: No. 1725 W. Lanvale st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F emale	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vander Howard

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florence S.C.

MOTHER FATHER

13. NAME Thomas Howard

14. BIRTHPLACE (city or town) (State or country) Florence S.C.

15. MAIDEN NAME Henretta Gurley

16. BIRTHPLACE (city or town) (State or country) Florence S.C.

17. INFORMANT James Howard (Address) 1725 W Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Nov 29th 1935

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N Schroeder st.

FILED 29 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1935 to Nov. 26th. 1935

I last saw her alive on Nov. 25 1935 Death is said to have occurred on the date stated above, at 10.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.C.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

F 18055

F 18055 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Abbott St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ashley Fearce

(a) Residence: No. 1627 Abbott St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Fearce

6. DATE OF BIRTH (month, day, year) Dec. 8. 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Metherin Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Jane

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Josephine Fearce (Address) 1617 Abbott Street

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date 11/29 1935

19. UNDERTAKER Robert L. Young (Address) 504 W. Lanvale St

Huntington Ave Funeral Home

20. FILED 29 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-29 1935 to 11-26 1935

I last saw him alive on (2 45 17 m) 11-26 1935. Death is said to have occurred on the date stated above, at 2 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	10/23/35
Uremia	11/24/35

Other contributory causes of importance:

Toxemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Calvin B LeCompte M. D.

(Address) 1113 N Caroline St.

F 18056

F 18056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

68

1. PLACE OF DEATH Hebrew Home for aged & Infirm — Registered No.

CITY OF BALTIMORE: (No.) Belvedere & Greenspring Aves. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Zelda Fox.

(a) Residence: No. Levindale St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Wasserman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Saylan
(Address) 1721 Presbury St

18. BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Date 11/29/35

19. UNDERTAKER Jos. Levin Son
(Address) 1958 E. Balto St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-19 1935 to 11-28 1935

I last saw her alive on 11-28 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison's Disease	
Other contributory causes of importance: chr. Bronchitis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

F 18057

F 18057

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 11-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Argyle Ave Ward 14)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Pantee

(a) Residence: No. 1415 Argyle Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Pantee

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

MOTHER FATHER

13. NAME Thomas Pantee

14. BIRTHPLACE (city or town) (State or country) N C

15. MAIDEN NAME Alice ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Minnie Pantee
(Address) 1415 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date Nov 29 19 35

19. UNDERTAKER Wells & Binns
(Address) 1711 Baltimore

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	Nov 24 1935.

Other contributary causes of importance: nil

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S Allen M. D.
(Address) 507 Cathedral St

M. D. B 1268-9

F 18058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18058

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Henry Myers

(a) Residence: No. 742 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Myers

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of City Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Nov. 29 1935

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

M. D. B 1268-9

F 18059

F 18059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH 403 N. Lee St 2 W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bettie Ferguson

(a) Residence: No. 403 N Lee St., ... Ward. None

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): M

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James Ferguson

6. DATE OF BIRTH (month, day, year): 1893

7. AGE: Years: 42; Months: ; Days: ; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: James Ferguson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mary Tilghman

(Address) 403 N Lee St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/29/35 19

19. UNDERTAKER: Isaiah Brown & Son

(Address) 105 W Montgomery St Hunterdon Hillsboro,

20. FILED 19 Registrar

NOV 29 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1935 to Nov 25, 1935

I last saw h alive on Nov 25, 1935 Death is said to have occurred on the date stated above, at 1405 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Toxemia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H H Thompkins M. D.

(Address) 501 N Hamburg St

M. D. F. 1768-9

F 18060

F 18060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., 1 Ward) BALTIMORE MD.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Teresa E. Roddy
(a) Residence: No. 3031 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married
6. DATE OF BIRTH (month, day, year): April 22 1891
7. AGE: Years 44 Months 7 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: James O'Neill
14. BIRTHPLACE (State or country): Ireland

MOTHER
15. MAIDEN NAME: Margaret Haggerty
16. BIRTHPLACE (State or country): Ireland

17. INFORMANT (Address): John J. Roddy 3031 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem. Date Dec 2 35

19. UNDERTAKER (Address): Chas. E. Fraser & Son 1 W. Lanvale St.

20. FILED Nov 29 1935, 19 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1935, to November 28, 1935
I last saw her alive on November 28, 1935 Death is said to have occurred on the date stated above, at 9.25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute appendicitis	
2. Peritonitis	
3. Chronic myocarditis	
4. Bronchopneumonia	

Other contributory causes of importance:

Name of operation: Appendectomy Date of: 11-2-35
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, Specify

(Signed) J. M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B 1265-9

7-18061

18061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, (No.) Maryland Gen Hospital St. 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva E. Morris

(a) Residence: No. 1008 N Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None.

6. DATE OF BIRTH (month, day, year) March 29 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	7	30 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Nurse
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Morris
14. BIRTHPLACE (city or town) (State or country) New York City.

MOTHER

15. MAIDEN NAME Sarah Borchardt
16. BIRTHPLACE (city or town) (State or country) France.

17. INFORMANT (Sister) Mrs R. Nicholson 9 Years 201 Hampstead Rd.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Cem 11/29 1935

19. UNDERTAKER J. Ahrens & Co
(Address) 2457 Eastern Ave

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 6:37 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jaundice Duct Stone Acute Hepatitis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? War Date of injury 11/16 1935
Where did injury occur? Hebrew Cemetery
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Cemetery
Manner of injury Fell in ditch
Nature of injury Fractured Hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Hubert Wolfe Coroner M. D.
(Address) 407 N. Charles

F 18062

306/20
18062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 72-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Virginia Brannon

(a) Residence: No. 233 Center ave St., Ward. Weston W Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Linn Brannon

6. DATE OF BIRTH (month, day, year) 9-28-04

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER

13. NAME John Mc Guire

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Maude Smith

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Weston W Va Date 11-29 1935

19. UNDERTAKER F C Higinbotham Jr
(Address) Clarksburg W Va

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1935 to Nov 29 1935
I last saw her alive on Nov 29 1935 Death is said to have occurred on the date stated above, at 3.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	Oct
	last part

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Microscopic Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gerard J. Altemus M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 18063

HEALTH DEPARTMENT—CITY OF BALTIMORE

18063

CERTIFICATE OF DEATH

XJ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hosp. St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Chas. Krampe

(a) Residence: No. 1028 S. Rolling Rd. Ward Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florida M Krampe

6. DATE OF BIRTH (month, day, year) Sept 25, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John Krampe

14. BIRTHPLACE (city or town) (State or country) city

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Florida M Krampe (Address) 1028 S Rolling Road

18. BURIAL, CREMATION, REMOVAL Place Loudon Park Date Dec 2 19 35

19. UNDERTAKER W J McKew Sons (Address) Frederick & Lexington Streets

20. FILED Dec 2 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1935 to Nov 28, 1935

I last saw h[illegible] alive on Nov 28, 1935. Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	1925
Uremia	11/28/35
Other contributory causes of importance:	
Terminal Pericardial Effusion	11/27/35

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (Signed) E Calvin Tilden M. D.

(Address) Mercy Baltimore Gen Hosp

F 18064

18064 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1085

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Dorall Ave 15 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dr James Edgar Fitzgerald If U. S. Veteran specify WAR.....

(a) Residence: No. 3404 Dorall Ave Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie H Fitzgerald

6. DATE OF BIRTH (month, day, year) July 31 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Rev. James D. Fitzgerald

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Suzette Witherspoon

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Stephen E. Fitzgerald (Address) 209 W 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11/29 1935

19. UNDERTAKER W. J. Tucker & Sons (Address) Huntingdon Pa

Huntingdon Pa, Nov 29 1935
Registrar

FILED NOV 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1935 to Nov. 27 1935

I last saw ~~him~~ alive on Nov. 27 1935. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia -	Nov 24

Other contributory causes of importance:

Dementia -
Myocarditis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. McClenahan M. D.

(Address) 316 North Ave Baltimore

F 18065

F 18065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH Md. General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred 42 yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Evelyn MARGARET Baker — If U. S. Veteran specify WAR .....

(a) Residence: No. 1524 McKean Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Walter R Baker

6. DATE OF BIRTH (month, day, year) Jan 22 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Wm Frederick Bold
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Sue T Lee
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Walter R Baker
(Address) 1524 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 29 1935

19. UNDERTAKER Wm J Tucker & Sons
(Address) Norfolk & Pennsylvania Aves. Huntington Prince Georges

NOV 29 1935 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-10- . 1935 to 11-25 . 1935

I last saw her alive on 11-25 . 1935. Death is said to have occurred on the date stated above, at 2.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bi-lateral pyo-salpingitis	
Infected left ovarian cyst	
	1929

Other contributory causes of importance:
Generalized peritonitis
Broncho-pneumonia

Was an operation performed? Yes Date of 11/18/35
For what disease or injury? Bi-lateral salpingectomy
Name of operation Left oophorectomy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W P Stepleton M. D.
(Address) Md Gen Hosp

F 18066

F 18066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Clifton Avenue St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Wolfe

(a) Residence: No. 1609 Clifton Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Charles Wolfe

6. DATE OF BIRTH (month, day, year) June 3rd 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Lusk

14. BIRTHPLACE (city or town) (State or country) Newburg, Pa.

MOTHER

15. MAIDEN NAME Elizabeth Long

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Charles Wolfe
(Address) 1609 Clifton Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 2 1935

19. UNDERTAKER Huntington Fitzhugh
(Address)

DEC 2 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1934 to Nov 28 1935

I last saw her alive on Nov 28 1935 Death is said to have occurred on the date stated above, at 5.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs. ?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Cohnan M. D.

N.B. (Address) 1921 W North Ave.

8067 E 18067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna E. Price

(a) Residence: No. 1527 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Alfred Price

6. DATE OF BIRTH (month, day, year): July 7, 18??

7. AGE: Years 64 ?? | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Reisterstown Md.

FATHER

13. NAME: Joseph Madden

14. BIRTHPLACE (city or town) (State or country): ? Md

MOTHER

15. MAIDEN NAME: Martha A. ??

16. BIRTHPLACE (city or town) (State or country): ? Md

17. INFORMANT: Balto City Hospt Records

(Address)

18. BURIAL, CREMATION, REMOVAL: Reisterstown Md.

Place Bond Ave Cem. Date 11/30 19 35

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Pressman St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-27. 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-18. 1935 to 11-27. 1935

I last saw h[illegible] alive on 11-26. 1935. Death is said to have occurred on the date stated above, at 2 15/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocandial failure	?

Other contributory causes of importance:

Generalized Arteriosclerosis (?) Cancerous Rt. Breast & metastasis to axilla & Pancytitis, Left

Was an operation performed? Date of 11-20-35

For what disease or injury? Simple mastectomy

Name of operation Date of 11-20-35

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible] specify

(Signed) Robt F. McMartin M. D.

(Address) Balto. City Hospt.

F 18068

18068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1577

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 5 mos. 23 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Linnie Carolina Rose

(a) Residence: No. 1336 Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 4 1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	87	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Rose

14. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

MOTHER

15. MAIDEN NAME Agnes Williams

16. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Maryland

17. INFORMANT (Address) Aunt 1536 Mount Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date 11/30, 1935

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman St

20. FILED NOV 29 1935 Director of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27-1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1935 to Nov. 27, 1935

I last saw her alive on Nov. 27, 1935. Death is said to have occurred on the date stated above, at 6:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	Nov 22

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stifler Jr., M. D.

(Address) Lyndenham Hospital

F 18069

F 18069 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ~ 124 B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1149 Haubert st St. 24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bridget K Schreiber

(a) Residence: No. 1149 Haubert St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Schreiber

6. DATE OF BIRTH (month, day, year) Dec. 5. 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	46	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butlo Md

FATHER

13. NAME Thomas Downing

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Jane Adams

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William Schreiber (Address) 1149 Haubert St.

18. BURIAL, CREMATION, OR REMOVAL Place Eddy Hall Date Dec 1 19 3

19. UNDERTAKER Chas R Stevens (Address) 1501 E Fort Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 19 35

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1935 to Nov 29 1935.

I last saw her alive on Nov 29 - 1935 Death is said to have occurred on the date stated above, at 5 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation & Cirrhosis of Liver Dndf	20 yrs
Other contributory causes of importance: Exhaustion	2 Days

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Nov 29/35 (Signed) R. R. H. Campbell M. D.
(Address) 1614 Hanover St

M. D. B 1268-9

F 18070

18070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 171

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2669 Frederick St. 20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ruth M. Rood

(a) Residence: No. 2669 Frederick Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Rood

6. DATE OF BIRTH (month, day, year) Oct 4-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Trogler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie Trebe

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George Rood

(Address) 2669 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Nov 29 1935

19. UNDERTAKER P. H. Bisphart & Son

(Address) 1300 Eutaw Place

20. FILED ... 19... Registrar.

29 1935

ABW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1935

22. I HEREBY CERTIFY, That I last viewed the remains of the above named deceased on ... and that I have ... attended deceased from ... to ... that I have ... obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to ... death on the day stated above.

Inquest Inquiry

The principal cause of death and related causes of importance were as follows:

	Date of onset
Third degree burns.	
Burned to death.	

Other contributory causes of importance: Insanity, since Nov. 1934

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Nov 26 1935

Where did injury occur? Baltimore City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at her Home

Manner of injury 3rd degree burns

Nature of injury Burned by setting bed on fire?

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos. H. Phillips M. D. (Coroner)

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1265-9

F 18071

18071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., ward)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Fortmann.

(a) Residence: No. 1509 Light St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) November 28, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John H. Fortmann.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Keller.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. John H. Meyer. (sister)
(Address) 1509 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross 0 G Date 11-30-1935

19. UNDERTAKER Bernard C. Harlow
(Address) 121 E West St

20. FILED NOV 29 1935 19 ... Registrar

1411

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right sub dural haematoma.	
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto Steinhardt M. D.
Coroner

11/29/35 (Address) 1017 E. Charles St.

18072 V 18072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William ~~H~~ Parham

If U. S. Veteran specify WAR .....

(a) Residence: No. 513 N. Morris St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/12/1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME James Parham

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Beth.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date 11/30, 1935

19. UNDERTAKER Joseph A Linly

(Address) 701 N Mount Street

29 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 1935 to 11/27, 1935

I last saw ~~him~~ alive on 11/27, 1935. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	4 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

F 18073

F 18073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 59

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Wm Stevens
If U. S. Veteran specify WAR .....

(a) Residence: No. Gathusburg St., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate

6. DATE OF BIRTH (month, day, year) 7/2/64

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman 0618

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Fred Stevens

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Eliza Corthrough

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date Nov 29 1935

19. UNDERTAKER Geo M. Funeral Home
(Address) 811 N Eutaw St

(29) FILED 29 1935 Huntington for Primary Registrar B. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1935, to 11-28, 1935

I last saw him alive on 11-28, 1935 Death is said to have occurred on the date stated above, at 3 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus with infection Lt. foot and leg.	
Other contributory causes of importance: Arteriosclerotic heart disease	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. H. Richwine, M. D.

(Address) J. H. Hosp.

F 18074

18074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Brown

(a) Residence: No. 620 N. Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 30 - 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Brown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ruth Canter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ruth Canter

(Address) Va

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Nov 30, 1935

19. UNDERTAKER [illegible]

(Address) 608 E. Lemon

20. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1935, to 11-28, 1935

I last saw h[illegible] alive on 11-28, 1935. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Diarrhea — Date of onset 10-23

Other contributory causes of importance:

Congenital Malformation of Brain — 1-30-35

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R B Josey, M. D.

(Address) Baltimore City Hospitals

F 18075

18075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harriett Ann Murray

(a) Residence: No. 444 Orchard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1880

7. AGE: Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Nov 29 1935

19. UNDERTAKER: Jesse W. Redden
(Address) 1436 W. Baltimore St

19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/7 1935 to 11/26 1935

I last saw her alive on 11/26 1935 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Cerebral Hemorrhage	7 days
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 18076

18076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Cairo St. St., 19 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Lusby

(a) Residence: No. 1706 Cairo St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 25, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Clayborne Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sylvia Lusby

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mother
(Address) 1706 Cairo St.

18. BURIAL, CREMATION, OR REMOVAL
Place University Md Date Nov 29 . 1935

19. UNDERTAKER .....
(Address) .....

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29/1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1935 to November 29 1935

I last saw him alive on November 29 1935 Death is said to have occurred on the date stated above, at 8.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized subdural hemorrhage (Cerebral hemorrhage)	
Congenital atelectasis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Hugh B. McNulty, M. D.

(Address) University Hospital

18077

✓ F 18077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH Lydenham Hospital 11

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fred King.

(a) Residence: No. 1105 Madison Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Dorothy King.

6. DATE OF BIRTH (month, day, year) Nov 7 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32		16 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) No information available

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Peoples ad (Address) 1105 Madison Ave.

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place University of Md Date Nov 29 1935

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED 29 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Nov 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1935 to Nov 23 1935

I last saw h[illegible] alive on Nov 23 1935. Death is said to have occurred on the date stated above, at 7:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	Nov 19

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm C Stifler Jr. M. D.

(Address) Lydenham Hospital

✓ F 18078

18078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred non-resident yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lily Marie Howard

(a) Residence: No. Mayo, A A County St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	3 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tracy's Landing A.A County

FATHER

13. NAME James Virgil Howard

14. BIRTHPLACE (city or town) (State or country) Calvert Co.

MOTHER

15. MAIDEN NAME Rosie May Armiger

16. BIRTHPLACE (city or town) (State or country) A.A County

17. INFORMANT James V. Howard
(Address) Mayo. A A Co

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date NOV 30 1935

19. UNDERTAKER Robert F. [illegible]
(Address) 369 Port [illegible]

FILED NOV 29 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1935 to Nov 28, 1935

I last saw her alive on Nov. 28, 1935 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia probably Influenzal	6 days ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Myron G. Tull M. D.

(Address) Sydenham Hosp.

18079 F 18079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

340 - 434

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sacred Shepherd Hosp St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lewis Roberts

(a) Residence: No. 435 Schroeder Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Roberts

6. DATE OF BIRTH (month, day, year) 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lee Skinner (Step-Daughter)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Towson Md 11-30-35

19. UNDERTAKER Geo. P. Gilson
(Address) 1135 Druid Hill Ave

20. FILED 12 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1935 to Nov 28, 1935

I last saw him alive on 11/27, 1935 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	11/27/35
Myocardial Degeneration	?
Arteriosclerosis	?
Other contributory causes of importance:	
Influenza	?
Senility	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert L. Leland M. D.

(Address) 1116 North Avenue

M. D. B. 1268-9

✓ F 18080

18080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton ave St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Joseph Mas Jones

(a) Residence: No. Capuchin College, Wash. D.C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 55	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roman Catholic Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME not obtainable

14. BIRTHPLACE (city or town) (State or country) not obtainable

MOTHER

15. MAIDEN NAME not obtainable

16. BIRTHPLACE (city or town) (State or country) not obtainable

17. INFORMANT Jenkins Memorial Hospital
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cemetery Date Nov. 30, 1935

19. UNDERTAKER H. A. Myers & Son
(Address) 525 Cathedral St.

20. FILED ... Registrar

J 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 22, 1935 to November 28, 1935

I last saw h... alive on November 27, 1935. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the lung	?
Other contributory causes of importance: Cachexia	1935

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify No

(Signed) C. Vernon Williamson, M. D.
(Address) St. Agnes Hospital

Spec.–7-17-26–A Co.–200 Blks.

18081

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18081

95-B

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hospital

City of BALTIMORE: (No. 33rd & Calvert St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Frank. Rickert

(a) RESIDENCE NO. 3103 Woodland ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 5 mos. 23 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or WIFE of) Emma. Rickert

6 DATE OF BIRTH (month, day, and year) June 6, 1858

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	77	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) Baltimore

(State or country) maryland

PARENTS

10 NAME OF FATHER Henry Rickert

11 BIRTHPLACE OF FATHER (City or town) ?

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Baker

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Germany

14 Informant Mrs. Edith Wilson

(Address) 3415 Dunbarton St, Washington D.C.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

november 28, 1935

17 I HEREBY CERTIFY, That I attended deceased from 11-24, 19 35 to 11-28, 19 35

that I last saw h. alive on nov. 28, 19 35

and that death occurred, on the date stated above, at 4 05 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic and hypertensive heart disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage; bilateral bronchopneumonia (duration) 0 yrs. 0 mos. 15 7 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of none

Was there an autopsy? none

What test confirmed diagnosis? none

(Signed) Francis W Gluck, M. D.

11/28 19 35 (Address) Gilman Apts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

Date of Burial Nov. 30 19 35

20 UNDERTAKER Robt Hooks

ADDRESS 1003 West Baltimore

DEATH in plain terms. so that it may be very important. See instructions on back of certificates.

NOV 29 1935

F 18082

18082 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

149-a-82a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Virginia Dawson (Virginia O. Dawson)

(a) Residence: No. 3313 Rembert Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Clifton Dawson

6. DATE OF BIRTH (month, day, year) June 29, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Nov. 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME Thomas Preston

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

MOTHER

15. MAIDEN NAME Virginia Brown

16. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

17. INFORMANT Mrs. Dawson

(Address) 3313 Rembert Ave.

18. BURIAL, CREMATION, OR REMOVAL Date Dec 1 1935

Cedar Hill Cemetery Inc

19. UNDERTAKER Joseph H. Cook & Co

(Address) 1003 N. Caroline St.

20. FILED Dec 2 1935 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1935 to Nov 29, 1935.

I last saw her alive on Nov 29, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pre-eclampsia

Caesarean Hysterectomy

Date of onset ?

Other contributory causes of importance:

Was an operation performed? yes Date of Nov 29, 1935

For what disease or injury? Pre-eclampsia

Name of operation Caesarean hysterectomy Date of Nov 29

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel Johnson, M. D.

(Address) Mercy Hosp

F 18083

M. D. B 1268-9

8083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., 8 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Wills.

(a) Residence: No. 2209 E. Northern St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Bertha M. Wills

6. DATE OF BIRTH (month, day, year): Nov. 24 1876

7. AGE: Years 59 | Months 0 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Henry C. Wills

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary A. Miller

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Bertha M. Wills, Wife
(Address) 2209 E. Northern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov 30 1935

19. UNDERTAKER: Leo G. Cook
(Address) 1203 N. Patterson Park Ave.

20. FILED Dec 2 1935 Hinton Timmons, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Attorney or Inquiry find that said deceased came to death on the day stated above. 4.30.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

F 18084

18084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 N Caroline ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella N. McNutt

(a) RESIDENCE NO. 1810 N Caroline ST., WARD Harford Co. Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced (or) WIFE of: John McNutt

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cecil Co Md.

PARENTS

10 NAME OF FATHER: Samuel Dill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cecil Co, Md,

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mary E. Thrasher

(Address): 810 N. Caroline St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29/35

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1935, to Nov 29, 1935, that I last saw h alive on Nov 29, 1935 and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Obstruction of heart

CONTRIBUTORY (Secondary) chronic nephritis (duration) yrs. 3 mos. 19 da.

(duration) chronic valvular disease of heart yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A Sanderson, M. D.

19 (Address) 1714 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Darlington Cem

DATE OF BURIAL: Dec 2, 1935

20 UNDERTAKER: H. S. Bailey

ADDRESS: Darlington Md.

18085 F 18085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3157 Ravenwood Ave. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H Rockford

If U. S. Veteran specify WAR None

(a) Residence: No. 3157 Ravenwood St., Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret B. Rockford

6. DATE OF BIRTH (month, day, year) Sept 1 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman (Self)

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 35 Yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Cecelia Collins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Rockford

(Address) 2121 Barclay Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/30 1933

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul Street

20. FILED ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1933 to Nov 28 1933

I last saw ~~him~~ her alive on Oct 26 1933 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Downey M. D.

(Address) 1817 N. Broadway

M. D. F. 1268-9

(Tredway) ✓ F 18086

18086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-F

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 9 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Tredway — No War Record

(a) Residence: No. Glen Arm, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
male	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret H. Tredway

6. DATE OF BIRTH (month, day, year) February 9, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Glen Arm Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Aaron M. Gunther
(Address) Glen Arm, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns (Waverly) Date Nov 30th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Nov 30 1935 Huntington Nov 30 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28 1935

22. I HEREBY CERTIFY, That I attended deceased from October 4 1935 to November 28 1935

I last saw h in alive on November 26 1935 Death is said to have occurred on the date stated above, at 11 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of pancreas and liver 2. Generalized metastases	

Other contributory causes of importance:

Ind anaemia

Name of operation Date of

What test confirmed diagnosis autopsy there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A M Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Spec.—9-30—A & Co.—250 Bks.

18087

✓ F 18087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

No War Record

1. PLACE OF DEATH Franklin Sq. Hosp.

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts. ST. 19 WARD)

2. FULL NAME Amelia Brown

(a) RESIDENCE NO. 1627 Wilkens Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

6a If married, ~~widowed or divorced~~ (or) WIFE of Howard L Brown

6 DATE OF BIRTH (month, day, and year) Sept 12th 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Lynchburg Va

PARENTS

10 NAME OF FATHER Philip Helbig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Louise Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Salem Va

14 Informant (Address): Howard L. Brown 1627 Wilkens Ave

15 Filed 1935 16 Huntington [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28/'35

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1935, to Nov 28, 1935

that I last saw her alive on Nov 28, 1935

and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Decompensated Hypertensive C-V. Disease.

abdominal Malignancy

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) D. D. Caples. M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL 12/2/1935

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

M. D. B 1268-9

18088

✓ F 18088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9+-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 South Carey St., 14 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Kramer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 30 S. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male ~~Female~~	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Kramer

6. DATE OF BIRTH (month, day, year) Feb 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Helfrich

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary E. Otten

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles Kramer (Address) 30 S. Carey St,

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Nov 30th 35

19. UNDERTAKER Wm Cook (Address) 1214 St Paul St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27th, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris,	
Sudden	

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify Thos. H. Phillips

(Signed) Q 1939 Edmondson Ave, M. D.
Coroner

(Address)

8089 E 18089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 E. Hamburg St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes May Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. 24 E. Hamburg St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of / WIFE of: Single

6. DATE OF BIRTH (month, day, year) Dec 24 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Stewart

14. BIRTHPLACE (city or town) (State or country) a a Co. Md

MOTHER

15. MAIDEN NAME Mary Sherbert

16. BIRTHPLACE (city or town) (State or country) a a Co Md

17. INFORMANT Charles Stewart

(Address) 24 E. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 11/30 1935

19. UNDERTAKER Wilbur Cook

(Address) 1217 St Paul St

20. FILED Nov 30 1935 Huntington ... Registrar.

MEDICAL CERTIFICATE OF DEATH 8:30 am

21. DATE OF DEATH (month, day, year) Nov. 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1935 to Nov 28 1935

I last saw her alive on Nov 28 1935. Death is said to have occurred on the date stated above, at 8:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	8 Days
Other contributory causes of importance: Exhaustion	2 Days

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Nov 29/35 (Signed) R. S. Campbell M. D.

(Address) 1614 Hanover St

M. D. B 1268-9

F 18090

18090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Brzezinski if U. S. Veteran specify WAR

(a) Residence: No. 109 Bayside St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Interment

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Frank Jaroszewski (Son in law)

(Address) 1807 Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date NOV 30 1935

19. UNDERTAKER John M Weber

(Address) 401 S. Chester St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

hemorrhage

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Wright, M. D.

Coroner

(Address) 1010 S. Eutaw St.

M. D. D. 1268-9

✓ F 18091

18091 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Chas. G. Morris

(a) Residence: No. 327 S. Calhoun St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hurbert Morris

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Luceille Rust

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Mother
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Edmondson Ave. Date 12/2 1935

19. UNDERTAKER Geo. W. Farley
(Address) Fulton & Fayette

20. FILED 12/2 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Nov. 29, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) R. O. Dillon M. D.
Coroner

(Address) 2737 W. North Ave.

M. D. B 1268-9

✓ F 18092

18092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eva Barbara Pichel

(a) Residence: No. 2937 Erdman Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Peter Pichel

6. DATE OF BIRTH (month, day, year) May 17, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Bartholemae

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Margaret Heim

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Pichel Jr.
(Address) 2937 Erdman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Western Cemetery Date Dec 2, 1937

19. UNDERTAKER Chas. G. Black
(Address) 742 W. North ave.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner.

(Address) 1919 E. North Ave.

✓ F 18093

18093

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Johnson.

(a) Residence: No. 6004 Prescott Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie.

6. DATE OF BIRTH (month, day, year) 1842 (?)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93 (?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Norad Johnson.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records B.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Dec 1

Place Cathedral Cem. Date [illegible] 1935

19. UNDERTAKER Charles A. Beckett

(Address) 5-28 Lanvale St

[illegible]

[illegible] Registrar.

C 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/18, 1935, to 11/29, 1935

I last saw him alive on 11/29, 1935 Death is said to have occurred on the date stated above, at 12 a, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized and coronary	[illegible]
myocardial insufficiency	3 wks ago

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical, pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. G. de Sanctis M. D.

(Address) Baltimore City Hospitals

M. D. 2 1268-9

✓ F 18094

18094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 314 S. Collins Ave St., 70 Ward)

Length of residence in city or town where death occurred 56 yrs. 10 mos 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie S. Harvey

(a) Residence: No. # 314 S. Collins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17, 1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joshua Harvey

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rebecca Bryant

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mr Leo F. Schaeffer
(Address) # 314 S. Collins Ave,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 12 / 2 / 1935

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 / 29 / 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1935 to Nov 29 1935.

I last saw h alive on Nov 29 1935. Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo Bonelli M. D.

(Address) 4 x 13 Fredericka Ave.

Mangum ✓

F 18095 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18095

CERTIFICATE OF DEATH

181

Registered No. .....

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. 33 + Calvert St St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jewell Dolores Mangum

(a) Residence No. 421 W 24 St Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25 1934.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	9.	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Roland V. Mangum

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Jewell Page

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Mr. Roland V. Mangum

(Address) 421 W. 24th St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Cemetery Date Dec. 2nd 1935

19. UNDERTAKER Fulton Funeral Home

(Address) 3418 Eastern Ave

20. FILED NOV 30 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1935 to Nov 29 1935

I last saw h.. alive on Nov 29 1935 Death is said to have occurred on the date stated above, at 2.25 A m.

The principal cause of death and related causes of importance were as follows:

Burns
? Pulmonary embolism
? Cerebral embolism

Date of onset 11-27-35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-27 1935

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Overturned hot water

Nature of injury II + III° burns

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Colin MacRae M. D.

(Address) Union Memorial Hosp
Balto Md

M. D. B 1268-9

18096

✓ F 18096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital 16 S. Exeter St., 5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 15 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martin Scully

(a) Residence: No. 109 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 17 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none — Formerly Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.N.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newcastle England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mr. Fuchs - Relief Hdqtrs.
(Address) 109 Aisquith

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date Nov 30, 1935

19. UNDERTAKER J. J. Hennessy & Son
(Address) 32 S. Broadway

20. FILED NOV 30 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury (Inquest or Inquiry) thereon and from the evidence obtained by said injury (Inquest or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright Coroner, M. D.

(Address) 101 S. Eutaw St.

F 18097

18097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 129

1. PLACE OF DEATH: (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. ..... St., 7 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Mary E. MacCubbin
(a) Residence: No. 203 F St St., ... Ward. Sparrows Pt Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): —
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Sept 7 1932
7. AGE: Years 3 | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Sparrow Point Md
13. NAME: Wm MacCubbin
14. BIRTHPLACE (city or town) (State or country): Balto Md
15. MAIDEN NAME: Thelma Echert
16. BIRTHPLACE (city or town) (State or country): Balto Md
17. INFORMANT: Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL: Mercy Cathedral Date Dec 2 1935
19. UNDERTAKER: John F Denny
(Address) 715 Light St
20. FILED 30 1935 19 Huntington Md Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 29 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1935 to Nov 29 1935
I last saw her alive on Nov 29 1935. Death is said to have occurred on the date stated above, at 12 35 A m.
The principal cause of death and related causes of importance were as follows:
acy
Pneumococcus peritonitis — Date of attack 2 days
Appendicitis Thrombosis — 5 days

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Lydia B Edwards M. D.
(Address) 3 Shus Hopkins

✓ F 18098

H. D. B 1268-9

F 18098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Elmer Lilly

(a) Residence: No. 1025 Williams St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced, (write the word): Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma S.

6. DATE OF BIRTH (month, day, year): June 2 1862

7. AGE — Years: 73 — Months: 5 — Days: 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor - housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Social Club 1025 Williams St

10. Date deceased last worked at this occupation (month, day, year): Retired [illegible]

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John S. Lilly

14. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER

15. MAIDEN NAME: Sarah Faulkner

16. BIRTHPLACE (city or town) (State or country): Cambridge Maryland

17. INFORMANT (Address): John S. Lilly 224 Oakland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: Nov. 30 1935

19. UNDERTAKER (Address): John F. Timmes 715 Eastern Ave.

20. FILED Nov 30 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 28, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia — Date of onset .....

Other contributory causes of importance: Fracture Cervical vertebra

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury: Oct 14 1935

Where did injury occur? 1025 Williams Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: his home - Social Club 1025 Williams St

Manner of injury: Fall down stairs

Nature of injury: Fracture Cervical vertebra

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave.

8099 ✓ F 18099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2510 Fleet Street St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rita C. Spence — If U. S Veteran specify WAR ...

(a) Residence: No. 2510 Fleet Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) July 21/1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William W. Spence

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Cecelia Hejda

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT William W. Spence
(Address) 2510 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date Dec, 2nd 1935

19. UNDERTAKER George A Weber
(Address) 705 S. Ann Street

FILED 1935 Huntington Ave. Funeral Home
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from November 25 1935 to Nov 27 1935

I last saw her alive on Nov. 27 1935 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov. 23

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Philibert Artigiani M. D.

(Address) 2942 E Fayette St

✓ F 18100

8100 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

114-B

Registered No.

1. PLACE OF DEATH
JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Tyman (Tyma) If U. S. Veteran specify WAR

(a) Residence: No. 719 S Montford ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 9-7-99

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Joseph Tyman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Helen ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Dec 2nd 1935

19. UNDERTAKER George A. Weber
(Address) 705 E Lanvale st.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1935, to Nov 29, 1935.
I last saw him alive on Nov 29, 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess right	June
	Nov

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 3, 1935
For what disease or injury? Lung abscess, right
Name of operation Resection 1st. rib. Date of Nov 3, 1935
What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred W Leib M. D.
(Address) Johns Hopkins Hospital

F 18101

18101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Emerson

(a) Residence: No. 407 Robert St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Emma G. Emerson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex. Atty

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Councilman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Samuel W. Emerson

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emma G. Emerson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 11-30-, 1935

19. UNDERTAKER Wm. H. Holland

(Address) 1651 Druid Hill Ave.

30 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1935, to Nov 27, 1935

I last saw him alive on Nov 27, 1935 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pancreatic Insufficiency	Long time
Other contributory causes of importance: Hypertension Prostate	Over

Was an operation performed? Yes Date of 11/12/35

For what disease or injury? Chronic Pancreatitis

Name of operation Lipiodol - Gallbladder Date of 11/12

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Harris M. D.

(Address) 1207 N. Caroline St.

18102

18102 ✓ F 18102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Stricker St., 19 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edgar Bailey

(a) Residence: No. 507 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bailey

6. DATE OF BIRTH (month, day, year) 1/1/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	11 10	29 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (207)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Easton Shore, Va.

MOTHER FATHER

13. NAME John Bailey

14. BIRTHPLACE (city or town) (State or country) Easton Shore Va.

15. MAIDEN NAME Betsy Jones

16. BIRTHPLACE (city or town) (State or country) Easton Shore Va.

17. INFORMANT (Address) Joseph Bailey (son) 921 N. Franklin st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Dec. 2, 1935

19. UNDERTAKER (Address) Charles J. Rogers 514 N. Carrollton Av.

20. FILED DEC 3 0 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 29 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-16 35, 19..., to 11-29 35 19...

I last saw him alive on 11-27-35. Death is said to have occurred on the date stated above, at 12:05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	3
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? — no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. Mayo Lea M. D.

(Address) 825 N. Fremont Av.

18103 18103 Moore. ✓ F 18103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Druid Hill Ave 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Moore

(a) Residence: No. 2023 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of William Moore

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bond Co. Ill.

MOTHER FATHER

13. NAME William Shultz

14. BIRTHPLACE (city or town) (State or country) Bond Co. Ill.

15. MAIDEN NAME Sandra Johnson

16. BIRTHPLACE (city or town) (State or country) Bond Co Ill

17. INFORMANT (Address) Mrs. Charles Parker 2003 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Date 12/1 1935

19. UNDERTAKER (Address) Truman P. Kemble 818 Druid Hill Ave

20. FILED 12/1 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28/35

22. I HEREBY CERTIFY, That I attended deceased from 11/27/35 to 11/28/35

I last saw her alive on 11/27/35 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows: Cerebral Thrombosis — Arteriosclerosis — Date of onset 11/14/35

Other contributory causes of importance: Hard work — Arterio Sclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address) [illegible]

F 18104

M. D. B. 1268-9

F 18104 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Eisler St. W Ward)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Gray

(a) Residence: No. 614 Eisler St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jeanette Gray

7. DATE OF BIRTH (month, day, year) 1902

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparkletops

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spartanburg S.C.

FATHER

13. NAME John Gray

14. BIRTHPLACE (city or town) (State or country) Spartanburg S.C.

MOTHER

15. MAIDEN NAME Lillia Vance

16. BIRTHPLACE (city or town) (State or country) Spartanburg, S.C.

17. INFORMANT Clara Griffin

(Address) 634 Burgundy St

18. BURIAL, CREMATION, OR REMOVAL

Spartanburg, S.C. Date Dec 2, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E Schroeder St

20. FILED 30 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 | 27 | 1935

22. I HEREBY CERTIFY, That I attended deceased from 11 | 18 | 1935 to 11 | 27 | 1935

I last saw h alive on 11 | 26 | 1935 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Peritonitis (Primary)

Date of onset 11 | 15 | 35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. B. Hawkins M. D.

(Address) 962 Eisler St

F 18105

F18105 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 N. Arlington Ave St. 18 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Vander

(a) Residence: No. 2227 N. Arlington Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ms. ? day ? 1904

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	31	7	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber-shop.

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Anderson, S. Carolina

MOTHER

13. NAME Wesley Vander

14. BIRTHPLACE (city or town) (State or country) S. Carolina

15. MAIDEN NAME Ida Cunningham.

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Geo. Vander. (Address) 944 Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Anderson S.C. Date DEC 1 1935

19. UNDERTAKER Thos. H. Gore Son (Address) 653 N. Gilmor St

20. FILED NOV 30 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29/1935

22. I HEREBY CERTIFY, That I attended deceased from 11/11/1935 to 11/29/1935

I last saw h[illegible] alive on 11/29/1935 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1935
Other contributory causes of importance: none	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. H. Pinnell M. D.

(Address) 1536 W. Lafayette Ave

M. D. B. 1268-9

✓ F 18106

18106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Frederick Ave. St., 14-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 63 yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Marck

(a) Residence: No. 1726 Predick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George D. Marck

6. DATE OF BIRTH (month, day, year) March 12, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Andrew Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Edna Biedenkapp

(Address) 1726 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 30 19 35

19. UNDERTAKER Ritter & Mc Walters

(Address) S.E. Cor Pratt & Strieker Sts

20. FILED Nov 30 1935 Huntington Wm Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 . 1935 to Nov. 27 . 1935

I last saw h.er alive on Nov. 26 . 1935 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Thrombosis	1 day
Arterio Sclerosis.	1930.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place — —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) H. Hanna M. D.

(Address) 1822 W Baltimore St

F 18107

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18107

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Pear St. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Manuel Manuel

If U. S. Veteran specify WAR

(a) Residence: No. 914 Pear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 25 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edenboro N.C.

FATHER

13. NAME C. Manuel

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mrs. Ed Manuel 320 (Address) 716 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Cem. Date Nov 30, 1935

19. UNDERTAKER Walter B. Rogers

(Address) 1320 Hanley St.

20. FILED Nov 30 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22. 1935

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquest, thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by me and / / find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above,

The principal cause of death and related causes of importance were as follows: Myocarditis Toxaemia

	Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Harry Coroner, M. D.

(Address) 1416 E Hamburg

F 18108

18108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Mtd. Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Stephens

(a) Residence: No. Stevenson Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Louise Stephens

6. DATE OF BIRTH (month, day, year) May 12-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James A. Stephens

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Hobbs

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Edward Beige

(Address) 3024 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec 2 1935

19. UNDERTAKER Chas H. Grant & Son

(Address) 11 Elm & Royal ave

30 NOV 1935 . 19 ..... Registrar.

NPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/1 . 1935 . to 11/29 . 1935

I last saw h[illegible] alive on 11/29 . 1935. Death is said to have occurred on the date stated above, at 4 45 pm.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Dry gangrene both feet

Date of onset

Other contributory causes of importance: Myocardial failure

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. P. Stephens . M. D.

(Address) Md. Gen. Hosp.

M. D. B. 1268-9

F 18109

18109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 Wyman Park Dr St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? 18 yrs. mos. ds.

2. FULL NAME Mrs James Douglass

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 13 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	17	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trained Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hamilton Scotland

FATHER

13. NAME James Douglass

14. BIRTHPLACE (city or town) (State or country) Hamilton Scotland

MOTHER

15. MAIDEN NAME Ellen Griffith

16. BIRTHPLACE (city or town) (State or country) Northampton England

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Dec 2 1935

19. UNDERTAKER W J Tschudy & Son
(Address) N-E

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th 1931 to Nov 29th 1935

I last saw her alive on Nov 29th 1935 Death is said to have occurred on the date stated above, at 6.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Infectious Arthritis	1918
Other contributory causes of importance:	
Acute Miliary Tuberculosis of Lungs	Sept 1935

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Wm J Mayo M. D.

(Address) Medical Arts Bldg

M. D. B. 1268-9

E 18110

18110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 N. Monroe St., 15 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Brember

(a) Residence: No. 1708 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Brember

6. DATE OF BIRTH (month, day, year) Oct 2 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) a a Co Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) a a Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry Brember

(Address) 1708 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 2 1935

19. UNDERTAKER J. H. Lichtenberg & Sons

(Address) 1424 Pennsylvania Ave

20. FILED Dec 2 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18 1935 to Nov 27 1935

I last saw h/er alive on Nov 27 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. William Levy M. D.

(Address) 1728 Penna Ave

F 18111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18111

108

1. PLACE OF DEATH Union Memorial Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Shirley Lee Bayne

(a) Residence: No. 5211 Ready Ave Govans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 2, 1935

7. AGE — Years | Months: 6 | Days: 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

FATHER

13. NAME: Elmer W Bayne

14. BIRTHPLACE (city or town) (State or country): Balto Co

MOTHER

15. MAIDEN NAME: Bruce E Colman

16. BIRTHPLACE (city or town) (State or country): Balto City

17. INFORMANT (Address): Elmer W. Bayne 5211 Ready Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Providence Date: Dec 2 1935

19. UNDERTAKER (Address): John Burns Sons Towson. Md.

20. FILED: DEC 2 1935 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-11-35, 19..., to 11-30-35, 19...

I last saw h alive on 11-30-35 19... Death is said to have occurred on the date stated above, at 1035A m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Bilateral — Date of onset 11-10-35

Emphysema ut. — Date of onset 11-24-35

Other contributory causes of importance:

atelectasis of middle lobe

Was an operation performed? yes Date of 11-25-35

For what disease or injury? Emphysema

Name of operation Thoracotomy Date of 11-25-35

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Colin MacRae M. D.

(Address) Union Memorial Hosp.

E 18112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 18112

87-B

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No. ..... St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 23 yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? 23 yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Helen Leafman
(a) Residence: No. 30 S. Linn St., ... Ward Lancaster Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eli

7. DATE OF BIRTH (month, day, year) 5-24-04

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Haftez
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Bessie Trochenberg
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Johns Hopkins Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 11/30/35
(Name) Mitchell Funeral Home

19. UNDERTAKER 1439 E Baltimore St
(Address)

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935, to Nov 30, 1935.
I last saw her alive on Nov 30, 1935. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus, acquired Stricture, aqueduct of Sylvius	Aug 1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11/25/35
For what disease or injury?
Name of operation Lipid examination Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. L. Stafford, M. D.
(Address) Johns Hopkins Hosp

F 18113

F 18113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 W. Biddle St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Mason

(a) Residence: No. 427 W. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Mason,

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Mary Washington

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Frank Mason

(Address) 427 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 12/21/1935

19. UNDERTAKER Frances A. Henday

(Address) 519 W. Biddle St.

20. FILED DEC 21 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Angina Pectoris,	
Other contributory causes of importance: Senile Debility	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 17 W. Hamburg

F 18114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18114

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W. Biddle St St., 17 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Brown

(a) Residence: No. 517 W. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unkown

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Record Shelter Aged Woman
(Address) 517 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 12/2/35

19. UNDERTAKER Frances A Hemsley
(Address) 572 W. Biddle St.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14 1935 to Nov. 30 1935.

I last saw h[illegible] alive on Nov. 29 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Arterial Sclerosis

Date of onset several years

Other contributory causes of importance:

Forman

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) H. L. Pelter M. D.

(Address) 817 Hamilton Ave

F 18115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Emily T. Staats

(a) Residence: No. 2413 Edmondson Ave, St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 28, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Nathaniel Timber

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Virginia Dobbins

16. BIRTHPLACE (city or town) (State or country) Lancaster, Va

17. INFORMANT Joseph T. Staats (Address) 2413 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Dec 2 1935

19. UNDERTAKER Geo W. Sittig (Address) 2700 Edmondson Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) C. Reese Coroner, M. D.

(Address) 1215 Hanover

AaCo. 5-31 2500

18116 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 18116

CERTIFICATE OF DEATH

✓ 23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N. Carey St. 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joshua R. Edwards

(a) Residence: No. 611 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nancy Edwards

7. DATE OF BIRTH (month, day, year): Sept 12, 1887

8. AGE: Years 48; Months 2; Days 15; If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Unknown

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mattie Armstrong
(Address) 611 N Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Date: 12/1/35 19

19. UNDERTAKER: Mrs. Geo. H. Packard
(Address) 1631 Pennsylvania Ave

20. FILED ... 19 ... Registrar.

1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1935 to Nov 28, 1935

I last saw him alive on Nov 27 1935 death is said to have occurred on the date stated above, at 1:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis: Reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. H. Rowlett, M. D.

(Address) 611 N Carrollton Ave

M. D. B. 1268-9

F 18117

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18117

CERTIFICATE OF DEATH

J 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 N Smallwood St. 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 45 yrs. ... mos. ... ds.

2. FULL NAME Rachael Stern

If U. S. Veteran specify WAR .....

(a) Residence: No. 1635 N Smallwood St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Stern

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wolf Goodman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hobie ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles Stern

(Address) 737 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL

Date 12/1/55

Where Pennsylvania Blvd

19. UNDERTAKER Jos. Levy Sons

(Address) 1525 E. Pratt St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/55, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11-12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemiplegia	

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Mann, M. D. Coroner

(Address) 1216 Monument

F 18118

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18118

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 25 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 35 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph F. Kaufman

(a) Residence: No. 4201 Liberty Heights St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie Muhl.

7. DATE OF BIRTH (month, day, year) 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rega Russia

13. NAME Louis Kaufman

14. BIRTHPLACE (city or town) (State or country) Rega

15. MAIDEN NAME Minnie Leinson

16. BIRTHPLACE (city or town) (State or country) Rega.

17. INFORMANT Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL Scheuer Funeral Home Inc. 12/1/35

Place ... Date ..., 19...

19. UNDERTAKER Hoch Jewish 1439 E. Baltimore St.

(Address)

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1935 to Nov 29, 1935

I last saw h.. alive on Nov. 29, 1935 Death is said to have occurred on the date stated above, at 5:50 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Hypertension	Oct 27,
Chronic nephritis	1935

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Kinga, M. D.

(Address) Sinai Hospital

F 18119

F 18119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 121

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Appell

(a) Residence: No. 1500 E 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct 23, 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholl Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John F. Appell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary E. Mowbray

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mary E. Appell
(Address) 1500 E. 28 St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemy Date Nov 2, 1935

19. UNDERTAKER Edmund W. Conklin
(Address) 924 E. Eager St.

20. FILED Nov 2 1935 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28 1935

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1935 to November 28, 1935
I last saw him alive on November 28, 1935 Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. appendicitis	
2. Peritonitis	
3. Intestinal obstruction	

Other contributory causes of importance:

Name of operation appendectomy Date of 11-18-35

What test confirmed diagnosis? op Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

D. P. 1768-9

F 18120

F 18120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Hebrew Home for aged & Infirm No.
CITY OF BALTIMORE: (No. Belvedere & Greenspring aves. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME macht, nellie
(a) Residence: No. Belvedere & Greenspring aves. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Macht

7. DATE OF BIRTH (month, day, year) 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Hyman Jacobson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Amelia Fink

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Fensland
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Beth Tfiloh Cemetery Date Dec 1. 35

19. UNDERTAKER Sol Levinson & Bro
(Address) 1126 W. North ave

20. FILED 19 Registrar.

12-1-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-19 1935 to 11-30 1935

I last saw her alive on 11-30 1935 Death is said to have occurred on the date stated above, at 8.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. cardio-vascular disease	
Hypertension	
Aortic insufficiency & stenosis	
Mitral insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Edmund Levin, M. D.
(Address) Levindale

ec.—2-29-28—L. F. S.—500 Bka.

F 18121 ✓ F 18121

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18121

93-C

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1618 Warwick Ave St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2—FULL NAME Edward Kabernagel

(a) RESIDENCE NO. 1618 Warwick Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 11 mos. 29 ds. How long in U. S., if foreign birth? 50 yrs. 11 mos. 29 ds.

NO WAR SERVICE.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~(or wife of)~~ Margaret Kabernagel

DATE OF BIRTH (month, day, and year) Dec 7-1884

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	11	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) Home Friendly Co

(c) Name of employer Home Friendly Co

BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

10 NAME OF FATHER Geow Kabernagel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary E. Bender

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Margaret Kabernagel (wife)

(Address) 1618 Warwick Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28. 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1935, to Nov. 28, 1935

that I last saw him alive on Nov. 26, 1935

and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration (Myocarditis)

..... (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys examination

(Signed) Jacius C. Baggett M.D.

, 19 (Address) 2229 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec 1 1935.

20 UNDERTAKER Stewart Morris — ADDRESS Balto

F 18122 ✓ F 18122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Harrison Ave St., 77 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 77 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Henry Follmer

(a) Residence: No. 9-St Johns Road. St., Ward. Resident.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louisa Follmer

6. DATE OF BIRTH (month, day, year) Dec 4 1843

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
91	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Bellar Germany

FATHER

13. NAME Could not ascertain

14. BIRTHPLACE (city or town) (State or country) Could not ascertain

MOTHER

15. MAIDEN NAME Could not ascertain

16. BIRTHPLACE (city or town) (State or country) Could not ascertain

17. INFORMANT Wm F. W. Follmer. (son)
(Address) 9-St Johns Road - City

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 2 1935

19. UNDERTAKER Stewart Mortuary Co.
(Address) 108 W Lexington.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1935 to Nov 30 1935

I last saw him alive on Nov 27 1935 Death is said to have occurred on the date stated above, at 1-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	11/27/35

Other contributory causes of importance: Chronic Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. Lee Hall M. D.

(Address) 1631 E Monument

F 18123 ✓ F 18123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth 86 yrs. 1 mos. 21 ds.

2. FULL NAME Mrs. Mary Hetzell

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1716 Bolton St., Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Leo W Hetzell

7. DATE OF BIRTH (month, day, year): Aug 9 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Charles Phillips

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Mary Saunders

16. BIRTHPLACE (city or town) (State or country): Eastern Shore Maryland

17. INFORMANT: Mrs Edw W Massee (niece)

(Address) 1526 Druid Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Hill Date Dec 3 1935

19. UNDERTAKER: Edward Hoffman Co

(Address) 108 W Franklin St.

20. FILED DEC 1 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 30 35 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1935 to Nov. 30, 1935

I last saw her alive on Nov. 30, 1935 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	11-28-35

Other contributory causes of importance:

Emaciated Carcinomatosis

Was an operation performed? Yes. Date of Feb 13, 1934

For what disease or injury? Carcinoma of Rectum

Name of operation Mastectomy Date of 2-13-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) R. L. Kuper M. D.

(Address) Wentworth apts

F 18124

18124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1213 Park Ave St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Washington

(a) Residence: No. 1213 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Washington
6. DATE OF BIRTH (month, day, year): 1868
7. AGE: Years: 67; Months; Days; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Total time (years) spent in this occupation
11. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (city or town) (State or country): Worcester Worcester Mass
13. NAME: Isaac Washington
14. BIRTHPLACE (city or town) (State or country): Virginia
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown
17. INFORMANT (Address): David Washington 1213 Park Ave
18. BURIAL, CREMATION, OR REMOVAL: Place Rockville Md. Date Dec 2 1938
19. UNDERTAKER (Address): Chas. H. Chase Son 638 N. Eutaw St.
20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 30 1938
22. I HEREBY CERTIFY, That I attended deceased from June 10 1938 to Nov 29 1938
I last saw him alive on Nov. 29. 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Unknown

Other contributory causes of importance:

Name of operation: Phy. Ex. Date of:
What test confirmed diagnosis: Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) R. Garland Schmidt M. D.
(Address) 1534 Druid Hill Ave

F 18125

M. D. B. 1265-3

F 18125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4 x 167

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna E. Brown

(a) Residence: No. Rosemont Balto. Co. Md. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H.H. Brown

6. DATE OF BIRTH (month, day, year) Feb. 5, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Mussington

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Katherin Roth

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT James Brown

(Address) Rosmont, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Emmal. Date 12/3/35 19

19. UNDERTAKER J.W. McCoy

(Address) 1217 E. Baltimore St

20. FILED 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. I, 1935. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to Her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Gun. Shot wound of L. Breast — Date of onset

6 Ribs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Nov. 30, 19 35

Where did injury occur? Rosmont Balto. Co. Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self

Nature of injury Temporary Insane

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. P. Calhoun M. D.

Coroner C

(Address) 2757 W. North

18126 ✓ F 18126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 W. Hoffman St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leonard Wellhouse

(a) Residence: No. 707 W. Hoffman St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	L.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 15 1910

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owensville Md

13. NAME Cushenwirt

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Cushenwirt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm A Reed
(Address) 707 W Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Date 12/1/35 19

19. UNDERTAKER Edward Fuelgni
(Address) 2359 Wash Blvd.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29/35 19

22. I HEREBY CERTIFY, That I attended deceased from 11/27/35 19 to 11/29/35 19

I last saw h alive on 11/27/35 Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia 1 hr

Date of onset

Other contributory causes of importance:

Chr. Tuberculosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

THE MOR[illegible]

F 18127

F 18127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp. Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Fino

(a) Residence: No. 4725 Delaware Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug. 12, 1926

7. AGE: Years 9 | Months 4 | Days 18 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: at school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

13. NAME: Louis Fino

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Josephine Capicelli

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mr. Louis Fino.
(Address) 4725 Delaware Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12/3 19 35

19. UNDERTAKER: Wm. Lemmon
(Address) 2611 Park Heights Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1935, to Nov. 30, 1935

I last saw h alive on Nov. 30, 1935 Death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	Nov. 14

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Israel Kaye, M. D.

(Address) West Baltimore General Hosp.

F 18128

F 18128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N. Payson St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harriet C. Mennerick

(a) Residence: No. 416 N. Payson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman L. Mennerick, Sr.

DATE OF BIRTH (month, day, year) July 2, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Robert Higdon

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Annie C. Reeside

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. H. L. Mennerick, Sr.
(Address) 416 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Dec. 2, 1935

19. UNDERTAKER Wm. H. Cook
(Address) 1006 W. Baltimore St.

Filed Dec 1 - 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1935 to November 28 1935

I last saw her alive on November 27, 1935 Death is said to have occurred on the date stated above, at 7.40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr ago
Chronic Nephritis	
Other contributory causes of importance: Asthenia	16 days ago

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Ray D. McCleary. M. D.

(Address) 400 N. Payson St.

F 18129

F 18129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Dawson (Barbara Dawson)

If U. S. Veteran specify WAR .....

(a) Residence: No. Mercy Hospital 3313 Rucker Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 28 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~	~	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Clifton Dawson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Virginia A. Rotter

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Clifton Dawson 3313 Rucker Ave

18. BURIAL, CREMATION, OR REMOVAL Date Dec 1st 1935

19. UNDERTAKER (Address) 1003 N Bond St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1935 to Dec. 1 1935

I last saw her alive on Nov. 29 1935 Death is said to have occurred on the date stated above, at 6 22 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Rotter M. D.

(Address) Mercy Hospital

M. D. B 1268-9

F 18130

F 18130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

1. PLACE OF DEATH Bon. Secour Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John A. Leahy

(a) Residence: No. 2015 Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Emma Schleier

6. DATE OF BIRTH (month, day, year) May 2nd 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Newyork state

FATHER

13. NAME John N. Leahy

14. BIRTHPLACE (city or town) (State or country) Irland

MOTHER

15. MAIDEN NAME Elizabeth King

16. BIRTHPLACE (city or town) (State or country) Irland

17. INFORMANT Mrs. E. Norris

(Address) 201 West Saratoga St,

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 12-3-35 19

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19 ..... Registrar

12-1-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29th 35 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis With acute dilitation,	Nov, 29th 35

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of ..... No,

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave,

F 18131 ✓ F 18131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4026 Bellwood St. or Ward) 27

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret M Welzel

(a) Residence: No. 4026 Bellwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry H Welzel

6. DATE OF BIRTH (month, day, year) June 10 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

13. NAME Mary Brenon

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29-35

22. I HEREBY CERTIFY, That I attended deceased from 11-27-35 to 11-29-35, 19..

I last saw h alive on 11-29-35, 19.. Death is said to have occurred on the date stated above, at 3:20 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset 11-27-35

Other contributory causes of importance:

Was an operation performed? Date

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 18132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18132

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kate Menton

(a) Residence: No. 2419 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Timothy

6. DATE OF BIRTH (month, day, year): 8/17/1864

7. AGE: Years 71 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Delaware.

FATHER

13. NAME: James McKinney

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Records Bd. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Wilmington, Del. Cathedral cemetery Date: Dec. 2nd, 1935

19. UNDERTAKER: John J. Moran
(Address) 3000 E. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1935 to 11/28, 1935

I last saw her alive on 11/28, 1935 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 mos.
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

18133 ✓ F 18133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas W. James
(a) Residence: No. 502 East 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Ballard

6. DATE OF BIRTH (month, day, year) October 24, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proof Reader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Father James
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Rose Reilly
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Helen James
(Address) 502 E. 21st St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemy Date Dec 2 1930

19. UNDERTAKER Mary M. Medford
(Address) 502 E. 21st St

20. FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1930

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1930 to November 29, 1930
I last saw him alive on November 29, 1930 Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Typhoid fever	
2. Chronic hypertrophic cirrhosis	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 18134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theodore Beckmann

(a) Residence: No. 1818 Bank St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosa

7. DATE OF BIRTH (month, day, year) 11/1/1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74		29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. D.

MOTHER FATHER

13. NAME Theodore

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Linke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 2 . 1935

19. UNDERTAKER (Address) John M. Weber 401 S. Chester St

20. FILED ..... M. ..... Registrar.

12-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27 . 1935 to Nov. 30 . 1935

I last saw him alive on Nov. 30 . 1935. Death is said to have occurred on the date stated above, at 3.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general and coronary	Unknown
Myocardial failure	Nov. 1935
Bronchopneumonia	2 days ago

Other contributory causes of importance: over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. G. de Santelle M. D.

(Address) Baltimore City Hospitals

F 18135

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18135

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME John Brzozowski

(a) Residence: No. 2125 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown Sophia

7. DATE OF BIRTH (month, day, year) Dec. 27, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER

13. NAME Adam Brzozowski

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Julia?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 4 1935

19. UNDERTAKER John F. Weber
(Address) 401 S. Chester st

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1935, to Nov. 30, 1935

I last saw him alive on Nov. 30, 1935. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Cerebral Hemorrhage	2 days ago.

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Surgical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals.

F 18136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18136

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Balto. Md St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Mac Jennings Causby

(a) Residence: No. 517 Lakeland Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mildred Causby

DATE OF BIRTH (month, day, year): 10-15-83

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Store Operator
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mathews Co Virginia
13. NAME: Robert Smith
14. BIRTHPLACE (city or town) (State or country): Virginia
15. MAIDEN NAME: Anna Causby Smith
16. BIRTHPLACE (city or town) (State or country): Virginia
17. INFORMANT: Records
(Address): Balto City Hospital
18. BURIAL, CREMATION, OR REMOVAL: Place Closter Point Va Date Dec 3, 1935
19. UNDERTAKER: Thomas E. Nelson
(Address): 1303 Presstman St.
20. FILED: Dec 3, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-13-32, 19... to 11-28-, 1935
I last saw him alive on 11-28-, 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia — Emaciation — Dementia Paralytica — Data of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. Reynolds, M. D.
(Address) Balto City Hosp

D. H. 4268-1

F 18137

F 18137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Mulberry St., 11 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Grimes Lansey

(a) Residence: No. 1117 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

6. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of ~~WIFE~~ Late Frank B Lansey

DATE OF BIRTH (month, day, year) Oct 3 - 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh N. C.

13. NAME Mr Grimes

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Elizabeth Grimes

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Jr G Lansey

(Address) 1117 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Raleigh N. C. Date 12/2 . 1935

19. UNDERTAKER Henry H Jenkins & Son Co

(Address) Richard & Preston Sts

20. FILED 12-3-1935 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/27 . 1935 to 12/1 . 1935

I last saw her alive on 12/1 . 1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris (Coronary Occlusion)	
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? V Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter A Backer M. D.

(Address) 1115 St Paul St.

M. D. B. 1268-9

18138 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 18138

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1329 Park Ave St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Meredith Smith

(a) Residence: No. 1329 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 2-1-1855

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	0	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Prescott Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Margaret Ann Vansant

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Albert Reider

(Address) 4110 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Dec. 1 1935

19. UNDERTAKER Henry H. Jenkins Sons Co

(Address) McCulloh & Orchard Sts.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 - 1935

22. I HEREBY CERTIFY, That I attended deceased from April - 1920 to Nov 30 - 1935

I last saw h Ev alive on Nov 30 - 1935 Death is said to have occurred on the date stated above, at 11.52 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Nov 30, 35
Hypertension - Chronic	1934
Arteriosclerosis.	?

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, how?

(Signed) Chas. W. Lazenby M. D.

(Address) 1327 Park Ave

F 18139

F 18139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-a-139c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., W Ward)

Length of residence in city or town where death occurred yrs. mos 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jane Smith

(a) Residence: No. Sudley Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 1st 1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) a. a. Co Md

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) a. a. Co Md

15. MAIDEN NAME Henry Downes

16. BIRTHPLACE (city or town) (State or country) a. a. Co Md

17. INFORMANT Jamie B. Mc Gathon
(Address) 507 Edmondson

18. BURIAL, CREMATION, OR REMOVAL
Place Edmondson Md Date Dec 3 1935

19. UNDERTAKER Samuel R. Chase Son
(Address) 638 N. Eutaw St.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1935 to Nov 29 1935

I last saw her alive on Nov 29 1935. Death is said to have occurred on the date stated above, at 12 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis	11/16/35

Other contributory causes of importance:
Peritonitis
Gangrene of Uterus

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. H. L. Griffith M. D.

(Address) University Hospital

F 18140

18140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34-B-96

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 13 St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard McCall

If U. S. Veteran specify WAR

(a) Residence: No. 2610 Woodbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Pearl McCall

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Richard McCall

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Sarah (?)

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Pearl McCall

(Address) 2610 Woodbrook Av

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery Date Dec 2 1935

19. UNDERTAKER H. S. Marshall

(Address) 3539 Falls Road

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1935 to Nov 30 1935

I last saw him alive on Nov. 30 1935 Death is said to have occurred on the date stated above, at 1.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Aortic Aneurysm	
Pulmonary Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton S. Sacks M. D.

(Address) Mercy Hospital

F 18141

18141 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-n

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Norfolk Ave St., 15 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Pusey Disney If U. S Veteran specify WAR Mour

(a) Residence: No. 3800 Norfolk Ave St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of: Retta C. Disney

7. DATE OF BIRTH (month, day, year): May 8-1855

8. AGE: Years 80 | Months 10 | Days 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S.N.

10. Date deceased last worked at this occupation (month and year): 1930.

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Leonard Disney

14. BIRTHPLACE (city or town) (State or country): Lancaster Md

15. MAIDEN NAME: Mary V. Dunn

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Retta C Disney
(Address) 3800 Norfolk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Dec 25 19

19. UNDERTAKER: Edmund Lowe
(Address) Govans Md

FILED: 2-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1935, to Nov 29, 1935

I last saw h alive on Nov 29 1935. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Immediate — Date of onset

Other contributory causes of importance:

Hypertension — Chronic

Circulatory fibrillation

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Lucas M. D.

(Address) 3421 Edmondson Ave

H. D. P. 1268-9

F 18142

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18142

CERTIFICATE OF DEATH

V 93-C

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No.) West Baltimore General Hosp. St., (Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Arthur Marshall

(a) Residence: No. 1705 Cole St. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Marie Marshall

7. DATE OF BIRTH (month, day, year) Dec. 4 1860

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	25	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

11. Date deceased last worked at this occupation (month and year) 1933

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Germany

14. NAME Frederick Maschinski

15. BIRTHPLACE (city or town) (State or country) Germany

16. MAIDEN NAME Louisa Thorean

17. BIRTHPLACE (city or town) (State or country) Germany

18. INFORMANT Mrs Lina Eyermuth (Address) 1623 Eagle Grove St.

19. BURIAL, CREMATION, OR REMOVAL — Place Mt Carmel Cem. Date Dec 3 35

20. UNDERTAKER Wm. J. Fechter & Sons (Address) North & Lee

Filed DEC 2 1935, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1935 to Nov 29, 1935.

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerotic Heart Disease	?
Congestive Heart Failure	Oct 1935
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wilson Lewis, M. D.

(Address) 1623 E. Eagle St.

F 18143

F 18143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH Maryland General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 26 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Paul Richard Jones

(a) Residence: No. 2607 Philadelphia Rd St., Ward. Solomons Island Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) May 24 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster tonger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oysters Canning

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Solomons Island Md

MOTHER FATHER

13. NAME Edward H. Jones

14. BIRTHPLACE (city or town) (State or country) Solomons Island Md

15. MAIDEN NAME Nettie Fielding

16. BIRTHPLACE (city or town) (State or country) Solomons Island Md

17. INFORMANT Mrs. Emma Robinson

(Address) 2607 Philadelphia Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Solomons Md Date 12/3 1933

19. UNDERTAKER Robert Brooks Edson

(Address) Solomons Md

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30. 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 6:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: Subdural Hemorrhage

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 30 1933

Where did injury occur? Baltimore City Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bethlehem Steel Yards

Manner of injury Fell from Ladder

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Dean Coroner. M. D.

(Address) 125 Dover Rd

18144 18144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Wesley Gamble

(a) Residence: No. 616 George st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) May 14, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina
13. NAME Millard Gamble
14. BIRTHPLACE (city or town) (State or country) South Carolina
15. MAIDEN NAME Laura Butler
16. BIRTHPLACE (city or town) (State or country) South Carolina
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Owings Mills, Md
Place W.M. Pleasant Cem. Date 12/2/35 19
19. UNDERTAKER Chas E Cooper
(Address) 514 N Calhoun st
20. FILED ..... 19 ..... Registrar

DEC 2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 19 35

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1935 to Nov. 29, 19 35
I last saw him alive on Nov. 29, 19 35 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karfgin M. D.
(Address) Baltimore City Hospitals

18145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18145

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gloria Lunn

If U. S. Veteran specify WAR .....

(a) Residence: No. 858 W. Lexington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Col.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 26, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Jos. Lunn

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Edna Faule

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Edna Lunn

(Address) 858 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 2, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 327 E. Saratoga St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1935 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. H. Williams M. D.

Coroner

(Address) 727 N. Broadway

F 18146

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18146

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Ella Butler

(a) Residence: No. 1055 N Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE Lambert Butler

6. DATE OF BIRTH (month, day, year) May 17 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	6	139	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carrollton, Md

FATHER

13. NAME John Giles

14. BIRTHPLACE (city or town) (State or country) Carrollton Md

MOTHER

15. MAIDEN NAME Nancy -

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs E. Butler

(Address) 1055 N Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Dec 2, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 222 N Schroeder St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held the ..... (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fractured Skull	
Fractured Ribs	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accd Date of injury 11-26 1934

Where did injury occur? 1000 W. Pratt St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by automobile white

Nature of injury on middle block

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Bayless Coyle M. D.

Coroner

(Address) 1427 Park Ave

F 18147

H. D. P. 1268-9

18147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Wilkens Ave. St., 70 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank H. Farrar

(a) Residence: No. 2217 Wilkens Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie C. Farrar (nee Kollec[illegible])

DATE OF BIRTH (month, day, year) Aug. 2, 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rent Salesman

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Farrar

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Carrie C. Farrar,

(Address) 2217 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 2, 19 35

19. UNDERTAKER [illegible]

(Address) 101 [illegible] Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933 to Nov. 29, 1935

that I saw h[illegible] alive on Nov. 29, 1935, Death is said to have occurred on the date stated above, at 2.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	3 yrs ago
Malignant hypertension	
Other contributory causes of importance:	
Cerebral hemorrhage	3 days ago

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens ave

F 18148

8148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret E. Costello

(a) Residence: No. 152 W. Lakewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael J. Costello

DATE OF BIRTH (month, day, year) Jan. 8 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deland

13. NAME Margaret Peter O'Hara

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Seltzer

(Address) 2221 Bennick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 12/3/35 19

19. UNDERTAKER Leonard J. Rush

(Address) 3305 Wilkens Ave

20. FILED 19 Registrar

12-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30 1935

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1935, to November 30, 1935

I last saw her alive on November 30, 1935. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure (Uremia)	3 days
	2 wks

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wellesque D. Wolfe M. D.

(Address) South Baltimore Hosp.

F 18149

18149) HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 1304 Barbara Ave St., 76 Ward)

ngth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel H. Barry.

(a) Residence: No. 1304 Barbara Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche M. Barry.

7. DATE OF BIRTH (month, day, year) Aug 11-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Asst. Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Samuel H. Barry.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Rachael Maidone

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT George M. Barry
(Address) 1304 Barbara Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12/3/35

19. UNDERTAKER Leonard J. Krug
(Address) 1505 Hanford Rd

FILED 12-7-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1935, to December 1, 1935

I last saw h... alive on Dec. 1, 1935. Death is said to have occurred on the date stated above, at 1:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Chronic Interstitial Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Sub + aut typ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael Gerstley M. D.

(Address) 5401 Belair Rd

F 18150

18150 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Hamilton St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U S Veteran specify WAR .....

2. FULL NAME John A. Kunlein

(a) Residence: No. 2913 Hamilton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy McKunlein.

DATE OF BIRTH (month, day, year) Mar. 12-1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Restaurant Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John M. Kunlein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothy Byers.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Joseph Kunlein
(Address) 2913 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 12/4/35 19

19. UNDERTAKER Leonard J. Rust.
(Address) Huntington Ave

20. FILED 12-1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1935 to Nov 30, 1935

I last saw him alive on Nov 29, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral arterio-sclerosis. Myocardial failure

Date of onset

Other contributory causes of importance:

General arterio-sclerosis.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Claud Smith, M. D.

(Address) 4706 Harford Rd

Dec 1 1935

F 18151

H. D. B. 1268-9

18151 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

937

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4335 Harford Rd. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME LOUISA E. DICKHAUT

(a) Residence: No. 4335 Harford Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Conrad Dickhaut

DATE OF BIRTH (month, day, year) Dec.21.1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME George Fleischman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Conrad Dickhaut (Husband)
(Address) 4335 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Trinity Cemetery Date Dec.2. 35

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.28.1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 24. 1935 to Nov 28. 1935

I last saw h alive on Nov 28. 1935 Death is said to have occurred on the date stated above, at 2.10 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema

Date of onset

Other contributory causes of importance: Congenital Failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 4702 Harford Rd.

18152

18152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 710 Ward)

Length of residence in city or town where death occurred 5 yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Meikenholder.

(a) Residence: No. 620 Macon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary.

6. DATE OF BIRTH (month, day, year): 12/13/70.

7. AGE: Years 65 | Months 11 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Draw Bridge Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna R.R.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER FATHER

13. NAME: Joseph C.

14. BIRTHPLACE (city or town) (State or country): Germany.

15. MAIDEN NAME: Mary Schroeder

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: 1st Evangelical Cem. Date Dec. 3. 1935
Place

19. UNDERTAKER: HENRY SANDER & SONS. INC. Geo. T. Sander.
(Address) Baltimore & Broadway.

20. FILED 12-2 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/29. 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/4. 1935 to 11/29. 1935

I last saw him alive on 11/29. 1935 Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Central Hemorrhage (?)	4 hrs.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

18153 HEALTH DEPARTMENT—CITY OF BALTIMORE 18153

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy Roberts

(a) Residence: No. 1814 Laurence St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Turner

14. BIRTHPLACE (city or town) (State or country) V. A.

15. MAIDEN NAME Helen Roberts

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Helen Roberts
(Address) 1814 Laurence st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem State Md Dec 2 19 32

19. UNDERTAKER Elroy C Wilson
(Address) 1600 Broadway ave

20. FILED Dec 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1932 to Nov. 30 1932

I last saw h alive on Nov. 30 1932. Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia (Ol. Lobe)	11 0 32

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William G. Kelsey M. D.

(Address) Univ. Hosp.

8154 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 18154

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 E. Madison St. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Cook.

(a) Residence: No. 1405 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of Isabelle Cook.
DATE OF BIRTH (month, day, year): June 14 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 20
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Baltimore Md.
13. NAME: George Cook.
14. BIRTHPLACE (city or town) (State or country): Unknown.
15. MAIDEN NAME: Sallie —
16. BIRTHPLACE (city or town) (State or country): Va.
17. INFORMANT (Address): Isabelle Cook. 1405 E. Madison St
18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Zion Date Dec. 2 1935
19. UNDERTAKER (Address): Robt L. Young 501 N. Caroline St
Signature of Undertaker or Undertaker's Agent
20. FILED Dec 2 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 28 . 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept ? . 1935 to Nov 28 . 1935
I last saw him alive on Nov 27 . 1935. Death is said to have occurred on the date stated above, at 4:55 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis & generalized anasarca — Date of onset May 1935 (6 mos)

Other contributory causes of importance:
Mitral Insufficiency — May 1935 (6 yr.)
Synechial Pachymeningitis

Was an operation performed? no Date of
For what disease or injury?
Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.
(Address) 1429 E Monument St

D. B 1268-9

18155

HEALTH DEPARTMENT—CITY OF BALTIMORE

18155

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Jenkins St., 11 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Henry Carroll

(a) Residence: No. 1201 Jenkins St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married.

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Carroll

6. DATE OF BIRTH (month, day, year) Oct. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER FATHER

13. NAME Robert Carroll

14. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

15. MAIDEN NAME Untraceable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth Carroll

(Address) 1201 Jenkins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 2. 1935

19. UNDERTAKER Samuel G. Chase Son

(Address) 638 N. Gilmor

20. FILED Dec 2 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry, thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said I, I (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance: Age & General debility

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) G. Hamm Coroner, M. D.

(Address) 611 Hamburg

18156

F 18156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Dillon St., 1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR None

2. FULL NAME John M Purcell

(a) Residence: No. 3116 Dillon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie J Purcell

DATE OF BIRTH (month, day, year) Sept 6 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Nellie Purcell

(Address) 3116 Dillon St

18. BURIAL, CREMATION, OR REMOVAL

Place Northumberland Co Va Dec 5-6 1935

19. UNDERTAKER John Ullrich

(Address) 2105 Arlington Ave

Registrar.

FILED 12-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1934 to Dec 1 1935

I last saw h[illegible] alive on Nov 30 1935. Death is said to have occurred on the date stated above, at 12 oz a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Nov 30
Other contributory causes of importance: Chronic Nephritis	Oct 1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr Knight J. Butler M. D.

(Address) 3223 E Baltimore

F 18157

18157 HEALTH DEPARTMENT—CITY OF BALTIMORE

35

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Isabelle Schneider

(a) Residence: No. 928 E. 20th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	W.	Married

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Kurt Schneider

DATE OF BIRTH (month, day, year) I dont know

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) Nov, 1935

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore U.S.A.

13. NAME George Boehmer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Isabelle Boehmer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Kurt Schneider

(Address) 928 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laraine Cem Date Dec 4 1935

19. UNDERTAKER John Ulrich & Sons Inc.

(Address) 1 Hamburg Street

1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1935 to Dec 1 1935

I last saw h alive on Dec 1 1935 Death is said to have occurred on the date stated above, at 1 1/2 p m.

The principal cause of death and related causes of importance were as follows:

Peritonitis — Date of onset .....

Other contributory causes of importance:

None

Was an operation performed? Yes Date of 11-28-35

For what disease or injury? Salpingitis

Name of operation Rt. Salpingectomy Date of 11-28-35

What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. Meola, M. D. M. D.

(Address)

F 18158

H. D. B 1268-9

18158 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laurence Foets

(a) Residence: No. 258 E. Oliver St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Foets

6. DATE OF BIRTH (month, day, year) October 12 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Factory.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edge Setter

10. Date deceased last worked at this occupation (month and year) 1931 | 11. Total time (years) spent in this occupation 50

PARENTS

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Francis Foets

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Ahrens

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Foets

(Address) 258 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date Dec. 3rd 1935

19. UNDERTAKER Torsey Hoeck & Sons, Inc.

(Address) 1301 E. Eager St.

20. FILED Dec 3 1935, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic Myocarditis	

Other contributory causes of importance: Uremia - Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carl Schreiber, M. D.
Coroner

(Address) 1111 E. North Ave.

M. D. B 1268-9

F 18159

18159 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Remington Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. wife mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Beauchamp

(a) Residence: No. 922 Remington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 7, 35

7. AGE	Years	Months 5	Days 24	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER FATHER

12. NAME Mrs. Beauchamp

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Elis Bryan

16. BIRTHPLACE (city or town) Easton, Md
(State or country)

17. INFORMANT Elis Beauchamp
(Address) 922 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 12/2, 35

19. UNDERTAKER [illegible]
(Address) 1210 E Pratt St

20. FILED ..... 19 ..... Registrar.

Z-1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Bronchitis about two days	5

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Had no physician Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) Coroner

F 18160

18160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 70 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine White

(a) Residence: No. 2126 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Earl.

7. DATE OF BIRTH (month, day, year) 2/8/88

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER Wm. Deans

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Anna Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daughter.

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Moreland P.K. Date 12/3 1935

19. UNDERTAKER Leo J. Cook

(Address) 1703 Patterson Park Ave

20. FILED 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/16, 1935 to 11/30, 1935

I last saw her alive on 11/30, 1935 Death is said to have occurred on the date stated above, at 5-30 a. m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease — Date of onset Nov. 1935

Myocardial Insufficiency

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ... Baltimore City Hosp.

F 18161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 J - 89a

Registered No. F 18161

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Hudson

If U. S. Veteran specify WAR

(a) Residence: No. 637 W. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 10, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) Yrs

11. Total time (years) spent in this occupation Yrs

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Charles Hudson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Hudson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Dec 2, 1935

19. UNDERTAKER Joseph A Lucy
(Address) 1400 N Arnold Street

20. FILED 1935 Registrar

Z - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1935 to 11/29, 1935

I last saw him alive on 11/29, 1935 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	7 days ago
Pneumococcus meningitis	7 days ago

Other contributory causes of importance:

Was an operation performed? no Date of?

For what disease or injury?

Name of operation Clinical & pathological Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify

(Signed) H. A. Lee Saultelle M. D.

(Address) Baltimore City Hospitals.

F 18162 ✓ F 18162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 E. Federal St., 2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Elizabeth Eck

(a) Residence: No. 2125 E Federal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Oct 26 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Fred Eck.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Engel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Carrie Baker. Sister

(Address) 2125 E Federal

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date 12/2/ 1935

19. UNDERTAKER E. J. Fannon & Son

(Address) 1938 E. Lafayette Ave.

20. FILED Dec 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1935, to Nov. 28, 1935

I last saw h[illegible] alive on Nov. 27, 1935 Death is said to have occurred on the date stated above, at 1230 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Influenza	1 wk

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos A Storms, M. D.

(Address) 2878 Fayette St

Spec.—9 30—A. & Co.—250 Bks.

F 18163 ✓ F 18163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121
REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No Fayette & Calhoun ST 16th WARD)

2. FULL NAME Miss Norma Kember

(a) RESIDENCE NO 216 (Usual place of abode) S. Gilmor St. ST. WARD 7th
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch 27-1918

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	17	8	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Attended high school
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md

PARENTS
10 NAME OF FATHER John Kember
11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)
12 MAIDEN NAME OF MOTHER Myrtle Blankenen
13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant John Kember
(Address) 216 S. Gilmor st

15 Filed ——— 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2, 1935

17
I HEREBY CERTIFY, That I attended deceased from Oct, 28 1935 to Dec. 2 1935
that I last saw her alive on Dec. 2 1935
and that death occurred, on the date stated above, at 3.12 A M.
The CAUSE OF DEATH* was as follows:

Perforated acute appendicitis.

(duration) Appx One yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Peritonitis.
(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Home.
Did an operation precede death? Yes Date of 1st Oct 28, 1935 2nd Nov 29, 1935
Was there an autopsy? No.
What test confirmed diagnosis? —

(Signed) D. F. Battaglia M. D.
19 (Address) Franklin Sqr. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	12/5/35

20 UNDERTAKER Geo L Beyer Jr ADDRESS Fulton st

H. D. P. 1268-9

F 18164 ✓ F 18164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospi... 23 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Raffaele Realbuto

(a) Residence: No. 1123 Marshall St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Realbuto

6. DATE OF BIRTH (month, day, year) Aug. [illegible] 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Frut Seller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Valguarnera Italy

13. NAME Pietro Realbuto

14. BIRTHPLACE (city or town) (State or country) Valguarnera Italy

15. MAIDEN NAME Josephine Sammartino

16. BIRTHPLACE (city or town) (State or country) Valguarnera Italy.

17. INFORMANT (Address) Mary Realbuto 1123 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem Date Dec. 3rd 1935

19. UNDERTAKER (Address) Frank Della Rocca 52 N. Morley St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/27 1930 to 11/30 1935

I last saw him alive on 11/30 1935 Death is said to have occurred on the date stated above, at 12 45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma Kidney	2 yrs

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Ayton M. D.

(Address) Baltimore City Hosp

U.S. VETERAN SPECIFY WAR

D. B 1268-9

✓ F 18165

8165

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. at Sea, on board S.S. City of Hamburg Balto. Md. Line Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul C. Kandziora

(a) Residence: No. 19 S. Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3. If married, widowed, or divorced. HUSBAND of (or) WIFE of Fredericka

DATE OF BIRTH (month, day, year) April 26 1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engine room S.S. City of Hamburg

10. Date deceased last worked at this occupation (month and year) Nov 27

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Fredericka Kandziora
(Address) 19 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls Date Dec 1, 1935

19. UNDERTAKER John A. Smith
(Address) 3000 E. Balto St.

20. FILED ... 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. M. Wrigley M. D.

(Address) 1010 S. Ellwood Ave

F 18166

8166

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Wilmer St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret V. Hardin

(a) Residence: No. 1516 Wilmer St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm J. Hardin

6. DATE OF BIRTH (month, day, year): 1870

7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co Md

FATHER

13. NAME: Wm Hardin

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Emelia Snavely

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mrs Wm J. Hardin 1644 W. 15th St, Jamaica, N. York

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 2 1935

19. UNDERTAKER: Thomas E. Kelly

(Address) 1302 Pennsylvania Ave

26. FILED Dec 2 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Verdict of Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.

Date of onset

Other contributory causes of importance: Age and Generalized Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C Hann Coroner, M. D.

(Address) 1215 Hanover

Spec.—9-30—A. & Co.—250 Bks

✓F 18167

18167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Square Hospital WARD) 9

2 FULL NAME Frank Mays

(a) RESIDENCE NO 1425 Central Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 59 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ Mary Mays

6 DATE OF BIRTH (month, day, and year) Nov-10-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	0	20 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 2087

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Mays

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizbeth Bowles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary Mays
(Address) 1425 Central ave

15 Filed ..... 19 ..... Registrar
~~1935~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1/35

17

I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1935, to Dec. 1, 1935

that I last saw him alive on Dec. 1, 1935

and that death occurred, on the date stated above, at 1:15 A. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) J. Dwer Mooney M. D.

19 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 4 1935

20 UNDERTAKER ..... ADDRESS .....
John C. Miller 2435 E. Oliver

3168

F 18168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. Tuberculosis Division St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Hargrove

(a) Residence: No. Camden & Eutaw sts. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) 1880

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Hargrove

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Langford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Date Dec. 3rd 35

19. UNDERTAKER John C. Miller
(Address) 1435 E. Oliver St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1935 to Nov. 30 1935

I last saw him alive on Nov. 30 1935. Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1934

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Arthur Karlsen, M. D.

(Address) Baltimore City Hospitals

8169

2 Copy of death

F 18169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Orleans St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Unknown

2. FULL NAME Sr Johnie Harris

(a) Residence: No. 1516 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Harris

6. DATE OF BIRTH (month, day, year) May 1, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

13. NAME Neal Ferguson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Hannah Bennett

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Nannie R. Anderson

(Address) 1516 Orleans

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Dec 3 1935

19. UNDERTAKER Robert Williams

(Address) 1515 McCeadery St

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1935, to Nov 28, 1935

I last saw her alive on Nov 28, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Nov 27

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify:

(Signed) B Harris, M. D.

(Address) 1207 s Caroline

Spec.–7-17-26–A Co.–200 Bks.

18170

HEALTH DEPARTMENT—CITY OF BALTIMORE F 18170

CERTIFICATE OF DEATH

157-a

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Marian Miller

(a) RESIDENCE NO. 938 Montpelier St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 3rd 1931

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	4	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt

(State or country)

PARENTS

10 NAME OF FATHER Calvin Miller

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER Lillian

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 19

Registrar

2 - 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1935, to ~~Oct~~ Nov 21, 1935,

that I last saw her alive on Nov 21, 1935,

and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus & cortical atrophy (congenital)

(duration) 6 yrs. 6 mos 18 ds.

CONTRIBUTORY (Secondary) (1) Convulsions & (2) insanity

(duration) yrs. 1 mos 7 ds.

18 Where was disease contracted

If not at place of death? Congenital Disease

Did an operation precede death? Yes Date of 10-29-35

Was there an autopsy? Yes

What test confirmed diagnosis? Ventriculogram & autopsy

(Signed) Robert Oliver, M. D.

11/22, 1935 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

Date of Burial: Dec 2 19 35

20 UNDERTAKER

ADDRESS

✓ F 18171

171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 Maryland General Hospital St., 27 Ward)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence M. Coale.

(a) Residence: No. 609 Tunbridge Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph S. Coale.

DATE OF BIRTH (month, day, year) 05-20-1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Father Myers.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

15. MAIDEN NAME Olivia Edelman

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT C. Stan Coale.
(Address) 2727 N. Charles St. Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Dec. 3, 1935

19. UNDERTAKER Henry H. Madison
(Address) 1515 N. Calvert St.

FILED Dec 3, 1935 Registrar. 1104

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-6-, 1935, to 12-1-, 1935

I last saw her alive on 12-1-, 1935. Death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency.	
Ruptured Small Bowel	

Other contributory causes of importance: Hypostatic Pneumonia

Was an operation performed? none. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Dr. J. Francis Williams Jr., M. D.

(Address) Maryland General Hospital

172

F 18172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 313

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Francis D. Kelly

(a) Residence: No. 2245 N Fulton Ave St., Balto Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 2, 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	9	3029	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Francis D Kelly

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Agnes Lehman

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Frank D Kelly

(Address) 2245 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec. 4, 1935

19. UNDERTAKER Martin Fahey & Sons

(Address) 1827 N North Ave

20. FILED Dec 4 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1935, to Dec 1, 1935

I last saw h[illegible] alive on Dec 1, 1935 Death is said to have occurred on the date stated above, at 6 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Other contributory causes of importance:	
Chronic glomerulonephritis	

Was an operation performed? Yes Date of 11-1-35

For what disease or injury? Hypertension

Name of operation Renal decapsulation Date of 11-1-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Muehlberger M. D.

(Address) Sinai Hospital

D. B. 1268-9

F 18173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

106

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital. 16 Ward)

Length of residence in city or town where death occurred 42 yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin D. Monaghan Veteran World War

(a) Residence: No. 827 E. Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of (or WIFE of) Leora Mugler Emgle

DATE OF BIRTH (month, day, year) Jan. 20. 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Monaghan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah J. Longdale

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs J. B. Blake. Sister
(Address) 1113 Valley st.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Dec 3rd 1935

UNDERTAKER Edmund W. Conklin
(Address) 944 E. Eager st.

FILED Dec 3 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Lobar Pneumonia	
Other contributory causes of importance:	
Toxemia	
Cardiac Failure	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl Ostheimer, M. D.
Coroner
(Address) 1912 E. North Ave

D. B. 1268-9

174 ✓ F 18174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Mosher St., 16 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Margaret Cecelia Hammel

(a) Residence: No. 2308 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A Hammel

6. DATE OF BIRTH (month, day, year) Feb. 3 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	2726	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Eacyan

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Edward C Hammel

(Address) 2308 Mosher St.

BURIAL, CREMATION, OR REMOVAL

Place Western Date 12/3, 1935

UNDERTAKER Elizabeth Hare Inc.

(Address) 115 E. Lan[illegible] St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 - 1935 to Nov 29 - 1935

I last saw h[illegible] alive on Nov 29 1935 Death is said to have occurred on the date stated above, at 11[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Acute Pneumonia	
Chr Interstitial Nephritis	
Arteriosclerosis Cardiac	
Pneumonia Hypostatic	
Edema of Lungs	

Other contributory causes of importance: Influenza Ordered

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Norbert C Black M. D.

(Address) 151 Mosher

D. B. 1268-9

175

V F 18175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Balto Co. Hospital St. V Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rozalia Dolczynska

If U. S. Veteran specify WAR .....

(a) Residence: No. 1607 Aliceanna St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) (Unknown) 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Poland

17. INFORMANT Magdalena Pawlakowska

(Address) 506 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hamilton Date Dec 3rd. 1930

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1935

22. I HEREBY (CERTIFY), That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright Coroner, M. D.

(Address) 106 S. Wolfe St.

D. B. 1268-9

F 18176

3176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found in abandoned wagon at Eden & Lancaster Sts. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Zamenchi

(a) Residence: No. 703 S. Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 1 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	11	13	12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operating machine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Zamenchi

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs Frances P Zachowski.
(Address) 703 S. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Dec 4th 1935

19. UNDERTAKER George R. Weber
(Address) 1221 E. Lanvale St

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paretic Chronic Myocarditis	
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) R. Wright Coroner M. D.

(Address) 1010 S. Eden St.

8177 ✓ F 18177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Woodington Rd 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella L. Burns

(a) Residence: No. 718 Woodington St., Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 28 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME John J. Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Eliza Stark

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Burns
(Address) 718 Woodington Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 3 1935

19. UNDERTAKER Mark W. Reppert
ENTERED 1935
20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1930 to Nov 31 1935

I last saw h... alive on Nov 30 1935. Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/4/30
Contributory causes of importance: Pulmonary Edema	11/30/35

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James [illegible] M. D.

12/2/35 (Address) 721 Mulberry St

✓ F 18178

18178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 119

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 8213 Light St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Patricia Richmond

(a) Residence: No. 28 Second St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3 Sep 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Lansdowne Balt Co Maryland

12. NAME Stewart Richmond

13. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hazel Ryland

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Stewart Richmond
(Address) Lansdowne, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 3, 1935

19. UNDERTAKER Romeo D. Angleton
(Address) Glen Burnie, Md

FILED 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 Dec 1935

22. I HEREBY CERTIFY, That I attended deceased from 27 Nov 1935 to 1 Dec 1935

I last saw her alive on 1 Dec 1935 Death is said to have occurred on the date stated above, at 6:20 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	1 Dec
	1935

Other contributory causes of importance:
none Known

Was an operation performed? none Date of ...
For what disease or injury? none
Name of operation none Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place no
Manner of Injury no
Nature of injury no

24. Was disease or Injury in any way related to occupation of deceased? no
If so, specify no

Signature Dr. Dilworth Woodruff Jr. M. D.
(Address) Linthicum Heights Md

D. B. 1265-9

F 18179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3123 W. North Ave. St., 15 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna O. Hand

(a) Residence: No. 3123 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles W. Hand

DATE OF BIRTH (month, day, year) January 2, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry S. Zimmerman

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

15. MAIDEN NAME Mary Emma

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT (Address) Mr. Charles W. Hand 3123 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olive Cemetery Date Dec 7, 1935

19. UNDERTAKER 1007 N. Baltimore St.

20. FILED Dec 11 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1935 to Nov. 29, 1935

I last saw her alive on Nov. 29, 1935 Death is said to have occurred on the date stated above, at 12.08Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Breast with metastasis to Liver	1934
Other contributory causes of importance: Acute Heart Failure "Angina"	24 hrs

Name of operation Radical Breast Amputation Date 4-24-35 Was there an autopsy? no.

What test confirmed diagnosis Clinical + Pathological

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Luther E. Little M. D.

(Address) 2806 Garrison Blvd.

D. P. 1268-9

E 18180

8180 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH x 59

Registered No.

1. PLACE OF DEATH Church Home and Infirmary St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Minnie Ewell

(a) Residence: No. 1350 Irving Street, Washington, District of Columbia St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed or divorced, wife of William L. Ewell

DATE OF BIRTH (month, day, year) Feb. 14. 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10/35

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Bishopville, Md.

13. NAME J.T.P. Moore

14. BIRTHPLACE (city or town) (State or country) Bishopville Md.

15. MAIDEN NAME Sarah Bishop

16. BIRTHPLACE (city or town) (State or country) Bishopville Md.

17. INFORMANT William L. Ewell

(Address) 1350 Irving St. N.W. Washington D.C

18. BURIAL, CREMATION, OR REMOVAL

Place Snowhill, Md Date Dec. 4. 1935

19. UNDERTAKER Ryder & Son Inc.

(Address) 424 E. Broadway

20. FILED Dec 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2. 1935 19

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1935, to December 2, 1935

I last saw h.e.r alive on December 2, 1935. Death is said to have occurred on the date stated above, at 7:25 A. M.

The principal cause of death and related causes of importance were as follows:

Multiple Carbuncles with Toxemia — Date of onset 9/25/35

Other contributory causes of importance:

Diabetes Mellitus — about 2/1/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Inf.

18181 F 18181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH Little Sisters of the Poor
CITY OF BALTIMORE: (No. 1200 Valley St. St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Webster

(a) Residence: No. 1200 Valley St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Webster

DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Cornelius Kane

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Martha McGowan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr.
(Address) Little Sisters of the Poor 1200 Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Dec 3. 1931

19. UNDERTAKER Rita Weadfield
(Address) 914 Greenmount Ave

20. FILED 1931 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to Nov 31 1931
I last saw her alive on Nov 29 1931. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	2 Days
Other contributory causes of importance;	
Arteriosclerosis	?
Hypertension	?

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) M. C. Corbin, M. D.
(Address) 111 W Lanvale

F 18182

F 18182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233-E. Lanvale Street St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret May McEntee

(a) Residence: No. 1233-E. Lanvale Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph McEntee

DATE OF BIRTH (month, day, year) 2/7/1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	24	xxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles E. Amoss

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Catherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Joseph McEntee
(Address) 1233 E. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/4/35 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave.

20. FILED 1935 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1931 to Dec 1, 1935. I last saw h alive on Dec 1, 1935. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart	12/1/35
Other contributory causes of importance: Chronic valvular disease of heart	2/15/31

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John W. Sanderson M. D.

(Address) 1714 N. Caroline St

F 18183 Mary Cox F 18183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-C

PLACE OF DEATH Union Memorial Hospital Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

U. S. Veteran (Co. or Regt.) AR .....

FULL NAME Mrs. Charles Edward Cox (Mary)

(a) Residence: No. 4709 Harford Road St., City Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Edward Cox

DATE OF BIRTH (month, day, year) Dec. 21, 1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York City N.Y.

13. NAME Joseph Hass

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) New York N.Y.

INFORMANT Husband.
(Address) 4709 Harford Road.

BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date 12/3/ 1935

UNDERTAKER J. J. Moran
(Address) 1300 E. Baltimore St.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1935 to Dec. 2, 1935

I last saw h[illegible] alive on Dec. 2 1935 Death is said to have occurred on the date stated above, at 2.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Carcinoma of stomach~~ Intestinal Obstruction	

Other contributory causes of importance:

Toxemia, secondary anemia ~~carcinoma~~ cachexia

Was an operation performed? yes Date of 9-25-35

For what disease or injury? Ulcer in right lower quadrant

Name of operation Gastrotomy Date of 9-25-35

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Robert H. Sivers M. D.

(Address) Union Memorial Hosp.

F 18184

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18184

45-E

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4705 Alhambra ave St., 47 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard J. Fields
If U. S. Veteran specify WAR

(a) Residence: No. 4705 Alhambra ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12 - 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	64	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt
13. NAME Peter Fields
14. BIRTHPLACE (city or town) (State or country) Balt
15. MAIDEN NAME Mary Quinn
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Mary Fields
(Address) 4705 Alhambra ave.
18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Cem Date 12/3 1935
19. UNDERTAKER J. H. Moran
(Address) 1300 E. Baltimore St.
20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1935 to Nov 30 1935
I last saw him alive on Nov 30 1935. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Neck & Throat	June 35

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) H. Ed. Wheaton M. D.
(Address) 4309 York Rd

18185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18185

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 7/16 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Anna Sutton

(a) Residence: No. 515 Park Ave City Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eben Sutton

DATE OF BIRTH (month, day, year) May 4, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Willer Boyd McAtee

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

15. MAIDEN NAME Rachael Albright

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. Eben J. D. Cross

(Address) Mercantile Trust Bldg.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Dec 3 1935

19. UNDERTAKER Henry H. Tutkins Son Co

(Address) McCulloh & Eutaw Sts

20. FILED ..... 19 ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-29 1935 to 11-30 1935

I last saw h Ex alive on 11-30 1935 Death is said to have occurred on the date stated above, at 1:40 P m.

The principal cause of death and related causes of importance were as follows:

Nrug - circulatory collapse
Failur
Carcinoma of uterus (Cerv)

Date of onset .....

Other contributory causes of importance:

Fracture L. Hip
Left hemiplegia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Hennie E. Mast M. D.

(Address) Union Memorial Hosp.

F 18186

F 18186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 St. Marys St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Matthews, If U. S. Veteran specify WAR .....

(a) Residence: No. 526 St. Marys St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col. | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen P. Matthews

7. DATE OF BIRTH (month, day, year) Feb 7 1888

AGE: 47 Years | 9 Months | 22 Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paints Roofing

10. Date deceased last worked at this occupation (month and year) 12 35 | 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frank T. Matthews

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Carter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen P. Matthews (Address) 526 E. St. Marys St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 12-4 19 35

19. UNDERTAKER James A Sayes (Address) 1424 Linden Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) did find that said deceased came to death on the day stated above, from

The principal cause of death and related causes of importance were as follows:

Mitral Valvular Heart Lesion

Date of onset .....

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C Harry Corner, M. D.

(Address) 1215 Hanover

18187

F 18187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93c

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5240 St. Charles Ave St., 27 Ward)

Length of residence in city or town where death occurred 52 yrs. 8 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Sisselberger

(a) Residence: No. 5240 St. Charles Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Florence M. Sisselberger

DATE OF BIRTH (month, day, year) March 4, 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Life Ins. Co.

10. Date deceased last worked at this occupation (month and year) Dec. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Sisselberger

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Quaid

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Florence M. Sisselberger
(Address) 5240 St. Charles Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Dec. 4, 1935

19. UNDERTAKER John J. Henry
(Address) 715 Light St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1935, to 12-1-1935

I last saw him alive on Dec. 1, 1935. Death is said to have occurred on the date stated above, at 7.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1935
Arterio sclerosis about 5 yrs.	1930
Myocarditis. about 2 yrs.	1933

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Emmett H. Sorrell M. D.

(Address) 3705 Liberty Heights Ave.

D. H. 1206

F 18188

F 18188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 12 V

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for the Women of Md. St., 14 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 29 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sarah Dems Durham

(a) Residence: No. Brookland, RFD #9 Box 281 St., Glenburnie Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of J. Edgar Durham

DATE OF BIRTH (month, day, year) May 18 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5 6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Benfield A.A.Co Md

13. NAME Jacob Dicus

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Jane Davis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. R. Marie Ballman

(Address) Glen Burnie Md

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship A.A.Co Md Dec 5 1935

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1935 to December 2, 1935

I last saw her alive on December 2, 1935 Death is said to have occurred on the date stated above, at 2.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemolytic Jaundice	2 Yrs
Other contributory causes of importance: Arteriosclerosis - generalized	20 Yrs
Appendiceal abscess	20

Name of operation Splenectomy Date of 11-15-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry M. Hynson M. D.

(Address) Hosp. for Women of Maryland

F 18189

F 18189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 25

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St. 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Alexander Johnson

(a) Residence: No. 1132 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie

DATE OF BIRTH (month, day, year) 8/9/1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

13. NAME Richard
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Luinda Corbin
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/3 . 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/7 . 1935 to 11/29 . 1935
I last saw him alive on 11/29 . 1935 Death is said to have occurred on the date stated above, at 8 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pericarditis	12 mos?
Tuberculous peritonitis	?

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz. M. D.
(Address) Balto City Hosp.

F 18190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18190

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 W. Biddle St., St., 11 Ward)

Length of residence in city or town where death occurred 20 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emily B. Scott

(a) Residence: No. 437 W. Biddle St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

DATE OF BIRTH (month, day, year) Nov 29 1889

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
45	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Un none

15. MAIDEN NAME Un none

16. BIRTHPLACE (city or town) (State or country) Un none

17. INFORMANT Estelle Scott.
(Address) 437 W Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsons Cemet Date Dec 3 1935

19. UNDERTAKER Edw. C. Wilson
(Address) 1100 Bramble Ave

20. FILED ..... Registrar

C-1559

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1935 to Dec. 1, 1935

I last saw her alive on Dec. 1, 1935. Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia since Novemc-er 18th. — Date of onset .....

Other contributory causes of importance:

Chronic Nephritis (dont know date — Date of onset .....

Was an operation performed? XXX Date of .....

For what disease or injury? XXX

Name of operation XXX Date of .....

What test confirmed diagnosis? XXX Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? XXX Date of Injury ..... 19....

Where did Injury occur? XXX
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place XXX

Manner of Injury XXX

Nature of injury XXX

24. Was disease or injury in any way related to occupation of deceased?

XXX If so, specify .....

(Signed) H. White M. D.

(Address) 1344 Druid Hill Avenue

18191 F 18191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 Richardson st. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? 43 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Antonina Nowak.

(a) Residence: No. 1444 Richardson st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Nowak.

DATE OF BIRTH (month, day, year) June 2 - 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Joseph Piwowinski

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Simon Nowak.

(Address) 1444 Richardson St.

17. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Dec. 17 1935

18. UNDERTAKER George J. Beyer

(Address) 700 S. Amity St.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1935 to Dec. 1, 1935

I last saw her alive on Nov. 30 1935 Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	12/1/35
Angina Pectoris	1933
Arterial Hypertension	1933
Chronic Myocarditis	1933

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

I hereby certify

(Signed) George J. Beyer, M. D.

(Address) 432 S. Patterson Park Ave.

F 18192

18192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 N. Bentalou St. St., 15 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Peyser

(a) Residence: No. 1727 N. Bentalou St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac T. Peyser

DATE OF BIRTH (month, day, year) July 8, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimcre, Md.

13. NAME Lipman Stern

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Lawrence Peyser
(Address) 1727 N. Bentalou St.

BURIAL, CREMATION OR REMOVAL
Place Heb. Friendship Date Dec. 3 1935

UNDERTAKER Harid Sondheim & Son
(Address) 1902 Eutaw Place

FILED Dec 4 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1935 to Dec 2nd 1935

I last saw h[illegible] alive on Dec 1st 1935. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

Debility due to old age following grippe — Date of onset: Nov 15

Other contributory causes of importance:

Grippe

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sigmar Perock M. D.

(Address) 2202 W. North Ave.

18193 HEALTH DEPARTMENT—CITY OF BALTIMORE 18193

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. If not in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Clarence W. Entsaler

(a) Residence: No. 1628 McKean Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Entsaler

DATE OF BIRTH (month, day, year) Feb. 22 1904

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~30~~ 31	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staunton Virginia

13. NAME Walter Entsler

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Fattie Lacey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Bessie Entsler
(Address) 1628 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date 12/4/35

19. UNDERTAKER Wm. J. Forehand & Son
(Address) 1604 Eutaw

20. FILED DEC 3 - 1935 Examined Initials

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-30 1935 to 12-2 1935

I last saw h~~im~~ alive on 12-1-35 1935. Death is said to have occurred on the date stated above, at 12 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	11-28-35

Other contributory causes of importance:
Appendectomy - followed by
P.O. Adhesions

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis B. Whitty M. D.

(Address) St Agnes Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

3191 — 18194 — ✓ 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 3319 Liberty Ave St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry E Woodrow — If U. S. Veteran specify WAR ....

(a) Residence: No. 3319 Liberty Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Snow Woodrow

DATE OF BIRTH (month, day, year): Oct. 22 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Locomotive
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): md
13. NAME OF FATHER: Wm E Woodrow
14. BIRTHPLACE (city or town) (State or country): md
15. MAIDEN NAME OF MOTHER: Sarah C. Speddon
16. BIRTHPLACE (city or town) (State or country): md.
17. INFORMANT: Mrs Annie S. Woodrow
(Address): 3319 Liberty Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place: Cambridge Md Date: Dec 5 1935
19. UNDERTAKER: W J Tuckey & Son
(Address): 1 E Pratt St
20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 2 . 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 . 1935 to Dec. 2 . 1935
I last saw h[illegible] alive on Dec. 1 . 1935 Death is said to have occurred on the date stated above, at 6[illegible] a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927
Chronic nephritis	1932
Cerebral hemorrhage	11/25/35

Other contributory causes of importance:

Was an operation performed? No. Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer U. Todd M. D.
(Address) 705 N Fulton Ave.

D. B 1268-9

18195

HEALTH DEPARTMENT—CITY OF BALTIMORE

18195

CERTIFICATE OF DEATH

87-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Avalon av St., 13 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jos. P Lucas

U. S. Veteran specify WAR .....

(a) Residence: No. 2309 avalon av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith C Lucas

7. DATE OF BIRTH (month, day, year): April 23, 1852

8. AGE: Years 83 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U S Govt

10. Date deceased last worked at this occupation (month and year): 1922

11. Total time (years) spent in this occupation: 35 Yrs

12. BIRTHPLACE (city or town) (State or country): Balto, Md

13. NAME: Francis Lucas

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Eliz Sugarwood

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Edith C Lucas

(Address): 2309 avalon av

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Dec. 3, 1935

19. UNDERTAKER: Wm J Tighe & Son

(Address): Baltimore Md

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 30, 1935

22. I HEREBY CERTIFY, That I last saw the deceased alive on ..... and that I have ..... Inquiry ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... Inquiry ..... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Sudden Nov 30, 35

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ed Kidwell M. D.

(Address) Coroner Coroner

M. D. B 1268-9

8196 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 18196

CERTIFICATE OF DEATH

Registered No. ~ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clifton Francis Shipley

(a) Residence: No. 3130 Gwynns Falls Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE tie Jefferies Shipley

6. DATE OF BIRTH (month, day, year) January 9, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Theodore Shipley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Green

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Nettie J. Shipley
(Address) 3130 Gwynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 3, 1935

19. UNDERTAKER Wm. J. Tackney & Son
(Address) 1 West Lanvale

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 635 pm 11

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	
Chronic bronchitis.	

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Emphysema of lung

Name of operation Lobectomy Right Upper Date of Nov. 30/35

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) C. Kaye , M. D. Coroner

(Address) 1215 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18197 ✓ 59 F 18197

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5501 Reistertown Rd St., (Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fannie Schuner

(a) Residence: No 5501 Reistertown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of David

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Gilbert Greenberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Schuner
(Address) 4114 Glenwood Park ave

18. BURIAL, CREMATION, OR REMOVAL Place Wash Rd Date 12/3/35 19

19. UNDERTAKER Jack Lamm Inc
(Address) 1439 E. Balto St

20. FILED 19 Registrar.

DEC 3 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931 19 to Dec 2 1935

I last saw her alive on Dec 2 1935. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	4 yrs ago
Essential hypertension	20
Other contributory causes of importance: Cerebral hemorrhage	1 day ago

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Miller M. D.

(Address) No 30 Wilkens ave

H. D. B 1268-9

Block

8198

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18198

CERTIFICATE OF DEATH

J 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rivie Block

(a) Residence: No. 1502 E. Balto. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nathan Block

7. DATE OF BIRTH (month, day, year)

AGE: Years 53; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Oscar Rivenmirtz

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Bertha —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Nathan Block (Husband)

(Address) 1502 E. Balto. St

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Mt. Carmel Date: 12-3- 1935

19. UNDERTAKER: Jack Levin Inc

(Address) 1459 E. Balto. St.

20. FILED 19 Registrar

12-3-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 2, 1935

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset .....

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. Ruth Ave.

D. B. 1268-9

8199

HEALTH DEPARTMENT—CITY OF BALTIMORE

8199

CERTIFICATE OF DEATH

XV 173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jack Woods

If U. S. Veteran specify WAR .....

(a) Residence: No. 3 Main St. Turners Station, Balto. County, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa

DATE OF BIRTH (month, day, year) Oct 29 1896

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Pt Steel Co. Bethlehem

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Prince Georges Virginia

13. NAME Louisa Woods

14. BIRTHPLACE (city or town) (State or country) North Prince Georges Virginia

15. MAIDEN NAME Hattie Prince

16. BIRTHPLACE (city or town) (State or country) North Prince Co. Virginia

17. INFORMANT Louisa Woods

(Address) 3 Main St. Turners Station Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec 4 1935

19. UNDERTAKER Mrs. Robert A. Elliott daughter

(Address) 1229 Caroline St.

20. FILED ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hemorrhage from a perforated wound of femoral artery (right)	
Other contributory causes of importance: gun shot wound	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury Dec 1 1935

Where did injury occur? Corner Balto. City, Balto Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on highway - Main St.

Manner of injury gun shot

Nature of injury wound rt. groin

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S Ellwood Ave.

18200 E 18200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 94 B

Registered No. .....

1. PLACE OF DEATH United States Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME John McFarley

(a) Residence: No. Patachogue, New York St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) December 23, 1903

6. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler 1086

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 11-1-35

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Patachogue New York

13. NAME George McFarley

14. BIRTHPLACE (city or town) (State or country) Limerick Ireland

15. MAIDEN NAME Sarah Miller

16. BIRTHPLACE (city or town) (State or country) New York City N.Y.

INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

17. BURIAL, CREMATION, OR REMOVAL

Place St. Marys Hampden Date 12 3 - 35 19

18. UNDERTAKER Wendell & Humphreys

(Address) 1201 N. Broadway.

19. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1935 to November 18, 1935

I last saw him alive on November 18, 1935. Death is said to have occurred on the date stated above, at 12:35 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis, coronary	11-18
Other contributory causes of importance:	
Edema, pulmonary, acute	11-18

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) T B is a dura ..... M. D.

(Address) U.S. Marine Hospital, Baltimore

18201 ✓ F 18201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 17 Ward)

ngth of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME George D. Webster

If U. S. Veteran specify WAR .....

(a) Residence: No. Deals Island, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 29, 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) [illegible] | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Deals Island, Md.

13. NAME Orf Webster

14. BIRTHPLACE (city or town) (State or country) Deals Island Md.

15. MAIDEN NAME Margeret Higgins

16. BIRTHPLACE (city or town) (State or country) Deals Island Md.

INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL St. Mary's-Hampden Date 12-3-35

UNDERTAKER (Address) Wendell E. Humphreys 1501 N. Broadway.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1926 to December 1, 1935

I last saw him alive on December 1, 1935. Death is said to have occurred on the date stated above, at 10:45 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease, mitral stenosis	Over 15 yrs.
Other contributory causes of importance: Thrombosis, cerebral	35 11-23-
Senility, atheromatous	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Baltimore

F 18202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X 95B

1. PLACE OF DEATH: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie Rodowsky

(a) Residence: No. German Hill Rd ..., Ward. Dundalk Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12 | 18 | 15

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0656

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm hand

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Lena Rodowsky

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rosie

16. BIRTHPLACE (city or town) (State or country) Md Russia

INFORMANT ... Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 12/15 ... 1935

UNDERTAKER John J. Reda
(Address) 228 N. Hudson St

FILED ... 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 ... 1930

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 ... 1935 to Dec 1 ... 1935

I last saw her alive on Dec 1 ... 1935 Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1925
Other contributory causes of importance: Myocardial insufficiency	1930?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Joseph T. Kadesh ... M. D.

(Address) Johns Hopkins Hospital

✓ F 18203

203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 Light St., 12-1 Ward)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie V. Martin.

(a) Residence: No. 835 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph C. Martin.

DATE OF BIRTH (month, day, year) Jan. 14 1876

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Elizabeth Morris.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Aluka Taylor.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Jos. E. Martin.
(Address) 835 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem 12-5-35

19. UNDERTAKER Bernard E. Harder
(Address) 121 E. West St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1935 to Dec 2, 1935

I last saw her alive on Dec 2, 1935. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Other contributory causes of importance:	
	avw

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Bazzano M. D.

(Address) 436 E. Fort Ave

F 18204 ✓ F 18204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 Olive St., 23 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence C. Stone

If U. S. Veteran specify WAR

(a) Residence: No. 1427 Olive St., Ward. 23rd

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry A. Stone

6. DATE OF BIRTH (month, day, year) Oct. 16, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md

13. NAME OF FATHER Joseph T. Cohen

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

15. MAIDEN NAME OF MOTHER Clara Lydia

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

INFORMANT Harry A. Stone

(Address) 1427 Olive St.

BURIAL, CREMATION, OR REMOVAL

Olive Cemetery Frederick, Md. Date Dec 4, 1935

UNDERTAKER A. Howard Evans (Lic. E-64)

(Address) 1400-02 S. Charles St.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1935 to Dec 1, 1935

I last saw her alive on Dec 1, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	11/30/35
Chronic Nephritis	11/30/35

Other contributory causes of importance.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so,

(Signed) M.D.

(Address) 16 Rose Hall Rd.

F 18205

18205 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 W. Ostend St. 23 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Morris M. Buckmaster

(a) Residence: No. 131 W. Ostend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Buckmaster

6. DATE OF BIRTH (month, day, year) July 8, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

13. NAME Gilbert L. Buckmaster

14. BIRTHPLACE (city or town) (State or country) Calvert, Co. Md.

15. MAIDEN NAME Ora Walton

16. BIRTHPLACE (city or town) (State or country) Calvert, Co., Md.

17. INFORMANT Mabel Buckmaster

(Address) 131 W. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Dec. 5, 1935

19. UNDERTAKER (EE) A. Howard Evans

(Address) 1400-02 N. Charles St.

20. FILED 19 Registrar.

DEC 5 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2" 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1935 to Dec 2 1935

I last saw h[illegible] alive on 12/2 1935 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Other contributory causes of importance: Pulmonary Congestion	2 dy

Was an operation performed? No Date of X

For what disease or injury? Yes

Name of operation X Date of X

What test confirmed diagnosis? Clinical Examination or autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Grupe M. D.

(Address) 1340 N. Charles St.

D. B. 1268-9

F 18206

8206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. No Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Bowers

(a) Residence: No. Cowenton Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 11th 1917

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distillery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

13. NAME Andrew J. Bowers

14. BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland

15. MAIDEN NAME Elsie B. Biddison

16. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

INFORMANT Andrew J. Bowers
(Address) White Marsh Md.

BURIAL, CREMATION, OR REMOVAL
Place Ebenezer Cemetery Date Dec 4th 1935

UNDERTAKER Frederick Funeral Home
(Address) Edmondson Village

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
(Accident, suicide, or homicide?) Accident Date of injury 12/1 1935

Where did injury occur? Fisherboro road near Longwoods
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Driver of car struck by car of auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter Gunby Cole M. D.
Coroner

(Address)

D. P. 1268-9

F 18207

8207 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Schmidtman

(a) Residence: No. 129 S Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) November 11, 1935

AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City

13. NAME Frederick Schmidtman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Helen Mensenskalter

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Ft. Mc Henry Date Dec 3, 1935

UNDERTAKER
(Address)

FILED 1935 Registrar

1914 11 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-11-35, 19, to 11-11-35, 19

I last saw he alive on 11-11-35, 19 Death is said to have occurred on the date stated above, at 6 52 8 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Whitridge, M. D.

(Address) Johns Hopkins Hospital

D. P. 1268-9

3208

F 18208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Taylor

(a) Residence: No. 930 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) November 22, 1935

AGE	Years	Months	Days	If LESS than 1 day 21 hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME George Taylor

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Helen Hayden

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Old Town Cemetery Date Dec 3, 1935

19. UNDERTAKER Commissioner Health.
(Address)

FILED ... 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-22-35, 19 ... to 11-23-35, 19 ...

I last saw her alive on 11-23-35, 19 ... Death is said to have occurred on the date stated above, at 11:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Whitridge, Jr. M. D.

(Address) Johns Hopkins Hospital

1312 M.

ACo. 5-H 2508

8209

HEALTH DEPARTMENT—CITY OF BALTIMORE

8209

CERTIFICATE OF DEATH

46-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2452 W Baltimore St., 20 Ward)

Length of residence in city or town where death occurred 39 yrs. mos ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katharina Lavender

(a) Residence: No. 2452 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Captain Frank Lavender

DATE OF BIRTH (month, day, year) 3-29-1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME Wolf

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Frank L. Lavender
(Address) 2452 W. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Our Lawn Date 12-3-35

19. UNDERTAKER H. Brauning Son
(Address) 1132 E. Poplar Grove St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1935, to Nov 30, 1935

I last saw her alive on Nov. 30, 1935 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinomatosis — Date of onset June 1-35

Other contributory causes of importance:

None

Name of operation Laparotomy Date of May 30, 35

What test confirmed diagnosis? Section Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify no

(Signed) Frank H. Ogden, M. D.

(Address) 2701 N. Calvert St

8210 ✓ F 18210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. 19 N. Spring st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 3, 1913

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Charleston South Carolina

13. NAME Joseph Wilson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Louisa Gun ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Monument of Md Date Dec 3 1935

19. UNDERTAKER .....

(Address)

20. FILED ..... 19..... Registrar

1935 ... 1910 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1935 to Nov. 26 1935

I last saw him alive on Nov. 26 1935 Death is said to have occurred on the date stated above, at 9.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept. 1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Arthur Kaplan M. D.

(Address) Baltimore City Hospitals

F 18211

F 18211

100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-a

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 421 Homeland Ave ST., 27 WARD)

2—FULL NAME Caroline Deatel

(a) RESIDENCE NO. 421 Homeland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced RUSBAND of (or) WIFE of George E Deatel

ATE OF BIRTH (month, day, and year) Nov. 27. 1880

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	5	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Henry Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Steber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Miss Lottie Schneider

(Address) 5017 York Road

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 / 35

17 I HEREBY CERTIFY, That I attended deceased from November 10 19 35 to December 2 19 35

that I last saw h er alive on Dec. 1 19 35

and that death occurred, on the date stated above, at 8 44 a m.

The CAUSE OF DEATH* was as follows:

Hypernephroma (malignancy of Kidney)

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov. 1934 -

Was there an autopsy? no

What test confirmed diagnosis Operation & Clinical

(Signed) Henry E. Wilson, M.D.

19 (Address) 3 W. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Dec. 4 19 35
20 UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Ave

✓ F 18212

212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Hagues Storage St. 23 Ward)

Length of residence in city or town where death occurred 42 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John L. Murphy

(a) Residence: No. 16 Osborne Ave. St. Catonsville Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Cora M. Murphy

DATE OF BIRTH (month, day, year) Sept 23, 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain & Builder

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

13. NAME John R Murphy

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Maria Eaton

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Cora M. Murphy

(Address) 16 Osborne Ave Cton

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul's Cem Date Dec. 4 1935

19. UNDERTAKER Eaton Sons

(Address) Ellicott City Md

20. FILED Dec 4 1935 Registrar. W 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1935, to Dec 2 1935

I last saw him alive on Dec 2, 1935 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	10-31-35

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Cora M Howley, M. D.

(Address) Catonsville

5606
9213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 18213

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 20 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm P Hartge

(a) Residence: No. 2337 Edmondson Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna

6. DATE OF BIRTH (month, day, year) June 17, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lab

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Oscar Hartge

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Alice Wagner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interred Ground
Place Catonsville Md Date Dec 4 1935

19. UNDERTAKER Vernon Kuhner
(Address) 230 Edmondson Ave

20. FILED DEC 4 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1935 to Dec 2, 1935

I last saw him alive on Dec 2, 1935 Death is said to have occurred on the date stated above, at 1 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ALEUKEMIC LEUKEMIA	? 10/1/35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hospital

✓ F 18214

3214 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

Registered No.

1. PLACE OF DEATH Sinai Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St., 7-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 17 mns. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Lawrence

(a) Residence: No. 1454 Decatur St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Child

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 18-1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	17 5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Asa. Lawrence

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Francis Schorowski

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Francis Lawrence, Mother

(Address) 1736 Hart ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hollywood AA Date Dec 4, 1935

19. UNDERTAKER Lillye Zeiler Inc.

(Address) 423 So. Carrollst.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH O

21. DATE OF DEATH (month, day, year) December 2-1935

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1935 to December 2, 1935

I last saw him alive on December 2, 1935 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/17
Other contributory causes of importance:	none

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lorraine Dewolfe M. D.

(Address) Sinai Baltimore Hosp.

D. P. 1268-9

F 18215

HEALTH DEPARTMENT—CITY OF BALTIMORE

8215

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE. MD. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Haupt

(a) Residence: No. 1922 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Haupt

DATE OF BIRTH (month, day, year) Sept. 17 - 1865.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Haupt.

(Address) 1922 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 6, 1934

19. UNDERTAKER Lally & Zeiler Inc

(Address) 403 N. Wolfe St.

20. Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3. 1934

22. I HEREBY CERTIFY, That I attended deceased from November 29. 1934 to December 3 1934

I last saw her alive on December 3 1934. Death is said to have occurred on the date stated above, at 8 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic myocarditis.	
3. Auricular fibrillation	

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

8216

F 18216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5117 Odonell St ..... 26 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Dasch

(a) Residence: No. 5117 Odonell St ..... St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Adam Dasch

6. DATE OF BIRTH (month, day, year) July 5, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	26 1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Anthony Fratis

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER unknown

16. BIRTHPLACE (city or town) (State or country) Portugal

INFORMANT Harry Dasch (Son)
(Address) 3601 Philadelphia Ave

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 4 1935

UNDERTAKER Fulton Zeiler Jr
(Address) 403 So Arlington Ave

FILED ..... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1935 to Nov 30 1935

I last saw her alive on Nov 30 1935. Death is said to have occurred on the date stated above, at 5.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dil	11/25/35
Other contributory causes of importance: Hypertension & Asthma & Sclerosis	10/27/35

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Post mortem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Lee Joyce M. D.

(Address) 1500 Edmondson Ave

✓ F 18217

8217 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Woodyear St., 15 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann Thompson (Mrs.) If U. S. Veteran specify WAR .....

(a) Residence: No. 1311 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/25/57

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER James Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Dorothy Sanders

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James Smith
(Address) 1311 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain Rd Date Dec 3, 1935

19. UNDERTAKER .....
(Address) .....

Filed 1935, 19..... Registrar.

1315 RPW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/13/35, 19..., to 11/30/35, 19... I last saw him alive on 11/30/35, 19... Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
7 yrs 5 Months	
Bronchitis	
Other contributory causes of importance:	
Patient worked here Until 1 week before entering hospital.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Ellis M. D.

(Address) 6 E Mt Vernon Pl

D. B 1268-9

3218 ✓ F 18218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Elizabeth Home St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Edward Jones

(a) Residence: No. Saint Elizabeth Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) February 24, 1832

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Saint Elizabeth Home
(Address) Elsinore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12/4 '35

19. UNDERTAKER J. J. Feeley, Inc.
(Address) 1318 E. Eight St

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale of Heart	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schwartz, M. D.
Coroner

(Address) 919 E. Fort Ave.

219

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18219

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward 13)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mabel K Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1407 Hanover St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Chas. W. F. Miller

7. DATE OF BIRTH (month, day, year) April 4, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	27 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

13. NAME Virgil H Kerr

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Nina Ida Walker

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT W. F. Miller

(Address) 1407 Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place St Anne's Cemetery Annapolis, Md. Date Dec. 6, 1935

19. UNDERTAKER A. Howard Evans

(Address) 1400-02 S. Charles St.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/26/35, 19 to 12/2/35, 19

I last saw her alive on 12/2/35, 19 Death is said to have occurred on the date stated above, at 8 42 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Card-Vas. Disease	1923
Coronary Thrombosis	11/25/35
Acute Cardiac Dilatation	12/2/35

Other contributory causes of importance:

Chronic Cholecystitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah A. Hunt, M. D.

(Address) Maryland General Hospital

F 18220

67-4/8220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-9

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Houser

If U. S. Veteran specify WAR .....

(a) Residence: No. 113 N. Kenwood St., ase Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) 7/29/66

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Portable Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Penn -

13. NAME Harvey Houser

14. BIRTHPLACE (city or town) (State or country) Penn

15. MAIDEN NAME Evelyn Latshaw

16. BIRTHPLACE (city or town) (State or country) Pa -

INFORMANT Records -
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 5th 1935

UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

FILED Dec 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1935 to Dec. 3, 1935

I last saw h.[illegible] alive on Dec 3, 1935. Death is said to have occurred on the date stated above, at 10:15-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retro-vesical sarcoma	1936?
Anaemia	June 1935
Urinary + rectal obstruction	Jan 1934
Secondary anaemia	June 1935

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Was an operation performed? yes Date of July 22 1935

For what disease or injury? Urinary obstruction

Name of operation Suprapubic cystotomy Date of July 1935

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify .....

(Signed) Wm. G. Speyparol M. D.

(Address) Johns Hopkins Hosp

F 18221 F 18221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 448 East Cross St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick L. Richardson If U. S. Veteran specify WAR None

(a) Residence: No. 448 East Cross St., 24th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 23. 1902

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John R. Richardson

14. BIRTHPLACE (city or town) (State or country) Richmond Va

15. MAIDEN NAME Hilary Ward

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Annie M. Ward

(Address) 448 East Cross

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A.A. Date 12/5. 1935

19. UNDERTAKER William Cook

(Address) 147 St Paul Street

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1935 19 . to December 2, 1935

I last saw him alive on December 2. 1935 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia.	Nov 29/35
Other contributory causes of importance: Epilepsy,	1914

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry F. Buettner . M. D.

(Address) 1319 Light St. Balto, Md.

D. B. 1268-9

18222 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18222

93-c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Prudent Hospital (Ward)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minda Rice

(a) Residence: No. 412 Bayview St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Divorced

If married, widowed, or divorced, HUSBAND of (or) WIFE of Rice

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middleburg Va

13. NAME Stone W Jones

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Clyer Evans

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Rice
(Address) 520 n Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 12/4/ 1935

19. UNDERTAKER Frances A. Abernethy
(Address) 578 W. Biddle St.

20. FILED 1935 Dec 4 1935 Registrar. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1935 to Dec 2 1935

I last saw h[illegible] on Dec 2 1935 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lungs	Absent
Chronic Myocarditis	3 months
Cardiac Dilatation	

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? Hospital records Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 507 Linganore St

F 18223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 104-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Smallwood

If U. S. Veteran specify WAR .....

(a) Residence: No. 2802 Simpson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 23rd 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME of father John Smallwood

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME of mother Cora Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 12-5-1935

19. UNDERTAKER Chas. G. Bailey

(Address) 1421 Jefferson St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Dec 1, 1935

I last saw him alive on Dec 1, 1935. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus infection	
eye times forehead, left frontal	
sinus, and streptococcus	Sept
brain abscess left cerebrum	20
Other contributory causes of importance:	1935
none	

Was an operation performed? yes Date of Oct 2, 1935

For what disease or injury?

Name of draining brain abscess Date of Oct 2 35

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred W Geib M. D.

(Address) Johns Hopkins Hospital

F 18224

18224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital) (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs M. Lavenia Swann

(a) Residence: No. 4315 Falls Road St., Falls Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Mr. Harold Swann

7. DATE OF BIRTH (month, day, year) June 19, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

13. NAME Mr. Harry Bucheter

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Catherine Cullen

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Husband.

(Address) 4315 Falls Rd.

18. BURIAL, CREMATION, OR REMOVAL Maryland Park Date Dec 5. 1935

19. UNDERTAKER Theodore L. Sloan.

(Address) 3615-17 Greenmount Ave

20. FILED ..... 19 ..... Registrar.

F. 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1935 to 12-2 1935

I last saw h.. alive on 12-2 1935. Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	
Hemorrhage	

Other contributory causes of importance:

Myocardial Exhaustion

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Josiah A. Hunt, M. D.

(Address) Maryland General Hospital

F 18225

18225 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gilbert August Weber

(a) Residence: No. 5111 Springlake Way St., Homeland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Schmitt

DATE OF BIRTH (month, day, year) July 6, 1892

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	43	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME August Wehr

14. BIRTHPLACE (city or town) (State or country) -------- Germany

15. MAIDEN NAME Helena Hobelmanan

16. BIRTHPLACE (city or town) (State or country) --------- Germany

17. INFORMANT Mr. Edward A. Wehr

(Address) 4405 Greenway

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date 12/5 '35

19. UNDERTAKER Kenny K. Mears & Son

(Address) 805 N. Calvert Street

FILED ..... 19.... ..... Registrar

F 18225

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1935, to Dec 2, 1935

I last saw him alive on Dec 2, 1935. Death is said to have occurred on the date stated above, at 4:53 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar pneumonia	11/23/35

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Clagett, Jr. M. D.

(Address) Union Memorial Hosp.

F 18225

D. B. 1268-9 F 18226 F 18226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4511 Park Heights St. 37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Wiesner

(a) Residence: No. 4511 Park Heights St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry John Wiesner

6. DATE OF BIRTH (month, day, year) Feb. 23, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Eifel

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Robert L. Tober

(Address) 4511 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Cremation~~ Druid Ridge Date 12/4 1935

19. UNDERTAKER C. Vernon Lemmon.

(Address) 4611 Park Heights

20. FILED 12-5 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/2/35 19

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Dec. 2nd 1935

I last saw h[er] alive on Dec. 1st. 1935 Death is said to have occurred on the date stated above, at 5 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio Vascular Disease with Cardiac Hypertrophy	1888
Other contributory causes of importance: Coronary Thrombosis Terminal Bronchopneumonia	Nov. 35

Name of operation 0 Date of

What test confirmed diagnosis? Cyst. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alex A. Wainstock M. D.

(Address) 4603 Park Heights Ave

18227 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 18227

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Virginia Hutchins

(a) Residence: No. 1378 N. Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: WIFE of Frank.

7. DATE OF BIRTH (month, day, year): 1896.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Major Reese

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Ida Boston

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec. 5, 1935

19. UNDERTAKER J. A. Brooks

(Address) 1463 N. Carey St.

Filed Dec 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1935 to 12/2, 1935

I last saw her alive on 12/2, 1935 Death is said to have occurred on the date stated above, at 9 3/4 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis c uremia. — Date of onset (?) ?

Hypertension

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

18228 HEALTH DEPARTMENT—CITY OF BALTIMORE 18228

CERTIFICATE OF DEATH

X 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., Balto Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dois E Brown

(a) Residence: No. Reisterstown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 1 - 1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (City or town) (State or country) Maryland

13. NAME Frank Brown

14. BIRTHPLACE (City or town) (State or country) Maryland

15. MAIDEN NAME Laura Bosley

16. BIRTHPLACE (City or town) (State or country) Maryland

17. INFORMANT Frank Brown
(Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL
Place Black Rock Date 12-4 1935
Balto Co

19. UNDERTAKER Edw S Wipfler
(Address) Hampstead Md

20. FILED 4 12 5 35

E A G

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 12-4 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Dec 4 1935

I last saw him alive on Dec 4 1935 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Dec 1.
Broncho-pneumonia -	Nov. 17
Orbital abscess -	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Cotter M. D.
(Address) University Hosp.

18229

HEALTH DEPARTMENT—CITY OF BALTIMORE

18229

CERTIFICATE OF DEATH ✓ 93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 W. Lanvale St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1719 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Married

If married, widowed, or divorced (or) WIFE of James Wilson

6. DATE OF BIRTH (month, day, year) Nov. 9, 1882.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43 yrs	0	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Benjamin Green.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Lucinda Tunstall

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT James Wilson.

(Address) 1719 W. Lanvale St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 6 35 19

UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

FILED DEC 4 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5 1935 to Dec. 1 1935

I last saw her alive on Dec. 1 1935 Death is said to have occurred on the date stated above, at 9:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H. Pifer M. D.

(Address) 1536 W. Lanvale St.

H. D. B 1268-9

F 18230

8230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 Division St., 14 Ward)

Length of residence in city or town where death occurred 5 yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Braceburg If U. S. Veteran specify WAR World War

(a) Residence: No. 2126 Division St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 15 1861

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman, Marine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

13. NAME William Braceburg

14. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

15. MAIDEN NAME Susanna Watts

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Susan Braceburg
(Address) 2126 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Nov 4 1935

19. UNDERTAKER Thomas E. Kilcoyne
(Address) 1303 Pressman St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held the ... inquest thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 1230 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) C. Kann, M. D.
Coroner

(Address) ...

D. B 1268-9

F 18231

18231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 S. Sharp St. St., 23 Ward)

Length of residence in city or town where death occurred 2 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Laura Williams. (C)

(a) Residence: No. 1232 S. Sharp St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced: Wife of Frank Williams (C)

6. DATE OF BIRTH (month, day, year) Do not know

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	----------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A.Co.Md.

13. NAME Edward Hankins.(C)

14. BIRTHPLACE (city or town) (State or country) A.A.Co.Md.

15. MAIDEN NAME Jane ----------(C)

16. BIRTHPLACE (city or town) (State or country) A.A.Co.Md.

17. INFORMANT Frank Williams.(C)husband.
(Address) 1232 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery cemetery Date Dec 4 1935

19. UNDERTAKER Edw Bryan
(Address) 1647 Pine St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 3.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia.	
Valvular disease of the heart.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Reinhardt M. D.
Coroner

12/3/35 (Address) 1017 N. Charles St.

✓ F 18232

18232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cambridge Apts St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jessie Emeline Riall

(a) Residence: No. Cambridge Apts St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Harry L Riall

DATE OF BIRTH (month, day, year) Dec 10 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto Co. Maryland.

13. NAME Samuel Webb

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Anne C. Phelan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Beatrice M. Riall (daughter)

(Address) Cambridge Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Londontown Date Dec. 4 1935

19. UNDERTAKER Stewart Morris Co.

(Address) 108 Chestnut

20. FILED DEC 4 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1935 to Dec. 2 1935

I last saw h e alive on Dec. 2 1935 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocarditis Chronic	?
Hydrothorax	1 mo.
Pleural Empyema	2 mos.
Other contributory causes of importance: Gangrene Low Extremity	3 mos.

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? No special test Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jack A. Morgan M. D.

(Address) 6-E-Read St.

F 18233

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18233

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Tyndale Ave St., 27 Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth A. Hall

(a) Residence: No. 3101 Tyndale ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Homer R. Hall.

DATE OF BIRTH (month, day, year) Feb 27 - 1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James A Campbell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Mallon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Campbell

(Address) 2308 E Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/5/35 19

19. UNDERTAKER Leonard Clark

(Address) 5305 Harford Rd

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/2/35

22. I HEREBY CERTIFY, That I attended deceased from Nov 26th 35 to Dec 2nd 35

I last saw her alive on Dec 2nd 35 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 11-26-35

Other contributory causes of importance: —

Was an operation performed? no. Date of ...

For what disease or injury? none

Name of operation none Date of ...

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? none. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. L. Gordy, M. D.

(Address) 5106 Harford Rd.

F 18231

F 18234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 N. Highland Ave St. 26 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

→ If U. S. Veteran specify WAR .....

2. FULL NAME Annie Bumba

(a) Residence: No. 529 N. Highland Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Bumba

DATE OF BIRTH (month, day, year): January-1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

13. NAME: James Shaffer

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs. Celia Cech 529 N. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: Holy Redeemer Date: 12/5/35, 19

19. UNDERTAKER (Address): Richard J. Meyer 1620 Eutaw St

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935, to Dec 2, 1935

I last saw her alive on Dec 2, 1935. Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arthemia	1 Yrs ago
Arteriosclerosis	Jan 5

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Physical Signs Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Hamer, M. D.

(Address) 1301 N Patterson Pk

F 18235

F 18235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348-95B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St. 17 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Davis

(a) Residence: No. 727 Fremont Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

3. If married, widowed, or divorced HUSBAND of (or) WIFE of William.

DATE OF BIRTH (month, day, year) 4/25/1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Charles Contor

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Martha Reynolds

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 5, 1935

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 E. Lombard St.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/28, 1935 to 12/1, 1935

I last saw her alive on 12/1, 1935 Death is said to have occurred on the date stated above, at 3:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Hypertensive Cardio-vascular disease	5 mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

D. H. 1268-9

18236 E 18236

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 786 Bradley St., 17 Ward)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Bowers

(a) Residence: No. 786 Bradley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) — 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) Nov 35 — 11. Total time (years) spent in this occupation 10 or 15

12. BIRTHPLACE (city or town) (State or country) Va.
13. NAME Janet Saunders
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Mary Ann Hall
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Annie Cooke
(Address) 786 Bradley
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 4, 1935
19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.
20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935 to Dec 2, 1935
I last saw her alive on Dec 2, 1935 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark Emerson M.D.
(Address) 627 Lexington

F 18237

3237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-8

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Walter Prescott Reese

(a) Residence: No. 3313 Alto Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lulu Reese

DATE OF BIRTH (month, day, year) May 24 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printing & Stationary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) Nov 28 1935

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Phillip Reese

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Anna Elizabeth Craig

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harold D Oliver

(Address) 3122 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Dec 5 1935

19. UNDERTAKER Chas. D. Black

(Address) 742 W Fayette ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 (5:30 PM) 1935 to Dec 3 1935

I last saw him alive on Dec 3 1935 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset Dec 1 35

Other contributory causes of importance:

Coronary occlusion — 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Clagett Reese M. D.

(Address) Union Memorial Hosp.

F 18238

18238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N. Eden St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvia Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 721 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Johnson

DATE OF BIRTH (month, day, year) Nov. 18th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

13. NAME Richard Merry

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Edwards

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Charlotte Batts

(Address) Chestertown Md

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date Dec. 5th 1935

18. UNDERTAKER Bryant & Manning H. Wright

(Address) 1218 McCulloh St Balto

19. FILED Dec 5 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1935 to Dec 2 1935

I last saw h e alive on Dec 1 1935 Death is said to have occurred on the date stated above, at 9A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Interstitial Nephritis	1 yr

Other contributory causes of importance:

Cerebral Hemmorrhage + Paralysis	Nov 20 1935
Marked arteriosclerosis.	1 yr.

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. D. Yerry M. D.

(Address) 1429 E Monument St

Monument

D. B 1264-b

E 18239 ✓ E 18239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael Burns

(a) Residence: No. NotKnown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Notknowin

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Notknowin

DATE OF BIRTH (month, day, year) Notknowin

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NotKnown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NotKnown

13. NAME NotKnown

14. BIRTHPLACE (city or town) (State or country) NotKnown

15. MAIDEN NAME NotKnown

16. BIRTHPLACE (city or town) (State or country) NotKnown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, REMOVAL

Place Dec 4 Date 19

19. UNDERTAKER

(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) NOV 27, 1935 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2737 N. Monroe St.

F 18240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18240

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 Oxford St St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Gibbs

If U. S. Veteran specify WAR .....

(a) Residence: No. 532 Oxford St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Colored	-------

6. If married, widowed, or divorced: WIFE of (or) HUSBAND of -------

DATE OF BIRTH (month, day, year) 11/24/35

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
X	X	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. XXXXXX

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles Gibbs

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Ellen McCaury

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Charles Gibbs

(Address) 532 Oxford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Unnecessary, if Md Date Dec'r 19 35

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 210 Hanover St.

1910 THE MORGUE

18241 HEALTH DEPARTMENT—CITY OF BALTIMORE E 18241

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 19 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mary Holmes

(a) Residence: No. 430 E. Carey st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Vitlous Holmes

7. DATE OF BIRTH (month, day, year) 3/17/1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0867
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Boston Virginia

13. NAME Green Headspeth

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Cora Daniels

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 5, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder Ste.

20. FILED ..... 19 ..... Registrar.

DEC 4 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1935 to Dec. 1 1935
I last saw her alive on Dec. 1 1935. Death is said to have occurred on the date stated above, at 8.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karfgin M. D.
(Address) Baltimore City Hospitals

F 18242

242 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 3 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Place

(a) Residence: No. 275 S. Dallas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew 1893

6. DATE OF BIRTH (month, day, year) 10-17-1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40.	1	16.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Andrew Towns

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Susan Russell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 5. 1935

19. UNDERTAKER Wendell & Hippett

(Address) 1405 E. Monument St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-23 1935 to 12-3 1935

I last saw her alive on 12-3 1935 Death is said to have occurred on the date stated above, at 3:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930
Cellulitis & Gangrene Rt. Foot	11-23-35
Other contributory causes of importance:	
Bronchopneumonia	12-2-35

Was an operation performed? Yes Date of 11-25-35

For what disease or injury? Gangrene Rt Foot

Name of operation Mid-Thigh Amputation Date of 11-25-35

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hospitals

F 18243

H. D. B 1265-9

8243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 Fonsuth Ave. St., 9 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew E. Zapf

(a) Residence: No. 1743 Fonsuth Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Margaret Zapf

7. DATE OF BIRTH (month, day, year) 1889

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Gas House)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Edward Louis Zapf

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Margaret Zapf

(Address) 1743 Fonsuth Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date Dec 6 1935

19. UNDERTAKER Mary M. Fitzfield

(Address) 1743 E. Fonsuth Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1919 E. North Ave.

F 18244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH [illegible] HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Thomas Gore Jr

If U. S. Veteran specify WAR .....

(a) Residence: No. Spartanburg S. C St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/10/11

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	11	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Claims

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Mutual Life Ins

8. Date deceased last worked at this occupation (month and year) Sept 30 1935

9. Total time (years) spent in this occupation 1 yrs

BIRTHPLACE (city or town) (State or country) Knoxville Tenn

13. NAME Dr Tom H Gore

14. BIRTHPLACE (city or town) (State or country) Tenn

15. MAIDEN NAME Helen Hall

16. BIRTHPLACE (city or town) (State or country) N C

INFORMANT Records
(Address) [illegible] HOSPITAL

BURIAL, CREMATION, OR REMOVAL SC 12/4 1935
Place Spartanburg Date

UNDERTAKER W E Cobb
(Address) 1219 E Fort St

FILED [illegible] 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1935 to Dec 4, 1935

I last saw him alive on Dec 4, 1935 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute leukemia	9-26-35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? blood Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hospital

F 18245

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18245

CERTIFICATE OF DEATH

161-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec Hospital St., 13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jonathon Ingersoll Chatman Jr

(a) Residence: No. ~~2456 McCulloh~~ 2456 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-1-35

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Jonathon Ingersoll Chatman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Edna Bernice Kenny

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. A. B. Chatman

(Address) 2456 McCulloh Street

18. BURIAL, CREMATION, OR REMOVAL

Place Carroll co md Date Dec 6 1935

19. UNDERTAKER Joseph A. Sirgley

(Address) 409 N. Mount Street

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-1-35, 19 ... to 12-3-35, 19 ... I last saw ~~him~~ alive on 12/3/35, 19 ... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. D. Butler M. D.

(Address) 2035 Linden Ave

F 18246

824R

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Casualty Co

CITY OF BALTIMORE: (No. 40[illegible] Keswick Road St., 17 Ward)

Registered No. 930

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eugene S. Willyoung

(a) Residence: No. 2905 N Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed~~ or ~~divorced~~ HUSBAND of (or ~~WIFE~~ of) Rachel S. Willyoung

DATE OF BIRTH (month, day, year) Aug 28th 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor of Engineering Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Casualty Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7 years

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Samuel Willyoung

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Tilte Williams

16. BIRTHPLACE (city or town) (State or country) Germaine

17. INFORMANT Mrs Rachel S Willyoung

(Address) 2905 N Charles St

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place London Park Date 12/6th 1935

19. UNDERTAKER Henry H Jenkins Sons Co

(Address) Orchard & Mc Callister

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd 1935

22. I HEREBY CERTIFY that I took charge of the remains described above, held an Autopsy (or Inquest) thereon and from the evidence obtained by said Autopsy (or Inquest) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Dec 3 '35

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Biddenover M. D.
Coroner

(Address) Baltimore

CHARLES W. BIDDENOVER, M.D.

18247 F 18247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 1 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie Williams

(a) Residence: No. 532 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. Williams

7. DATE OF BIRTH (month, day, year) July 1843

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	4 5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Samuel Nicholson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Counsell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret Murray.

(Address) 1320 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/6 1935

19. UNDERTAKER Lemmon Wm. Sons & Co.

(Address) 538 N. Gilmor

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-24 1935 to 12-3 1935

I last saw her alive on 12-3 1935 Death is said to have occurred on the date stated above, at 3:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-21-35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) 208 N. Eutaw

D. H. 18248 F 18248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Charlotte V. Schaefer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1618 E. Clements St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Dominic

DATE OF BIRTH (month, day, year) May 9 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	50	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Louis Westerhausen

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Pauline Lange

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Edna J. Schaefer

(Address) 1618 E. Clements

BURIAL, CREMATION, OR REMOVAL

Place German Evangelical Cem. Dec 7 1935

UNDERTAKER Margaret J. Lyons

(Address) 2102 Hillen St

FILED .... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Was an operation performed? .... Date of ....

For what disease or injury?

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. F. Wright Coroner M. D.

(Address) 1016 S. Edmondson Ave

F 18249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18249

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jas. Steffens Hosp. St. W. Mt. Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Brown

(a) Residence: No. 305 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1862

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calvert County Maryland

13. NAME Ross Brown

14. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

INFORMANT Joseph H. Brown

(Address) 1019 W. Lanvale Street

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/5 19 35

UNDERTAKER Wm. H. Jackson Funeral Home

(Address) 912

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1935, to Dec. 2, 1935

I last saw h[illegible] alive on Dec. 2 1935 Death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/27/35
Other contributory causes of importance: Hypertension. Hypertrophy	? 1931?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert L. Ellwood M. D.

(Address) 1116 Myrtle Avenue

F 18250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18250

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5805 Berkley Ave. 27 Ward)

Length of residence in city or town where death occurred 32 yrs. 7 mos. 18 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Kenneth Gilbert Mering

(a) Residence: No. 5805 Berkley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single ✓

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 15, 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Passenger Rep.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Charles L. Mering

14. BIRTHPLACE (city or town) (State or country) Westminster Md.

15. MAIDEN NAME OF MOTHER Sarah B. Ecker

16. BIRTHPLACE (city or town) (State or country) New Windsor Md.

17. INFORMANT Mrs. Sarah B. Mering
(Address) 5805 Berkley Ave.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Dec 6 1935

19. UNDERTAKER Wm. Rieger Sons
(Address) Govd & Fawn Sts.

20. FILED Dec 6 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935, to Nov. 24, 1935

I last saw him alive on Nov. 24th, 1935. Death is said to have occurred on the date stated above, at 4.10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, (generalized) Lungs	10 years
Other contributory causes of importance:	3 mos.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-ray. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. S. Chaffant, M. D.

(Address) 6205 York Road.

F 18251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18251

82-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4007 Belle Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 7 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Page Krozer

(a) Residence: No. 4007 Belle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James W. Krozer

7. DATE OF BIRTH (month, day, year) April 24, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Geo. N. Dutton

14. BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

15. MAIDEN NAME OF MOTHER Ann Page

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Edith K. Daugherty (Address) 4007 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Dec. 5 1935

19. UNDERTAKER Wm. Pickner Sons (Address) North & Reams.

20. FILED Dec 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1934 to Dec. 3rd, 1934.

I last saw her alive on Dec 2nd, 1935 Death is said to have occurred on the date stated above, at 4.50a m.

The principal cause of death and related causes of importance were as follows:

Paralysis — Date of onset 10/20/35

Other contributory causes of importance:

old age

Blood Pressure

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. E. Abbott M. D.

(Address) 4904 Garrison Blvd

18252

F 18252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3923 Ridgewood Ave Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Emil Christian Erthal

(a) Residence: No. 3923 Ridgewood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie P. Erthal

DATE OF BIRTH (month, day, year) May 16, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 25

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio.

13. NAME Fred Erthal

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julia Rodenstein

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Nellie P. Erthal
(Address) 3923 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Dec. 7 1935

19. UNDERTAKER Wm. Dickeyer Sons.
(Address) Hotel Belvedere.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 4/35, 19 ... to Dec 4/36, 19 ...

I last saw him alive on Dec 4, 1935. Death is said to have occurred on the date stated above, at 10.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Dec 4/35
Arterio sclerosis Hypertension	1928 P

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Walter L. Clark M. D.

(Address) 220 Garrison Blvd

F 18253

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18253

CERTIFICATE OF DEATH

Registered No. 22

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Harry Vincent
(a) Residence: No. 607 S. Robinson st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene Vincent

DATE OF BIRTH (month, day, year) May 3, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship corker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME Harry Vincent
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
15. MAIDEN NAME Mary Law
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 12/7 1935
19. UNDERTAKER J. Boyce Morgan
(Address) 3600 E. Baltimore St.
20. FILED Dec 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1935, to Dec. 3, 1935
I last saw h im alive on Dec. 3, 1935. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1935
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur Karsner M. D.
(Address) Baltimore City Hospitals

F 18254

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18254

CERTIFICATE OF DEATH

1152

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Gnau

(a) Residence: No. 124 S. Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

Single

DATE OF BIRTH (month, day, year) May 1, 1913

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

13. NAME Arthur F. Gnau

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Catherine B. Deinlein

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Catherine B. Gnau

(Address) 124 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 5, 1935

19. UNDERTAKER John F. Moran

(Address) 3000 E. Baltimore St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2 1935

22. I HEREBY CERTIFY, That I attended deceased from November 14 1935 to December 2 1935

I last saw h in alive on December 2 1935 Death is said to have occurred on the date stated above, at 6 17 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic abscess	
Peritonitis	
Intestinal obstruction	

Other contributory causes of importance:

Name of operation Laparotomy Date of 11-14-35

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J M Mansueto M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 18255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18255

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 3 Ward)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Thomas Bryce Elliott. If U. S. Veteran specify WAR .....

(a) Residence: No. 606 S. Eden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 8/29/1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Joseph Balto.

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Elizabeth O'Neil

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/5/1 1935

19. UNDERTAKER J. J. Mogan
(Address) 3006 E. Balto St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/22 1935 to 12/3 1935.

I last saw him alive on 12/3 1935. Death is said to have occurred on the date stated above, at 8:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 wk.
Pernicious anemia	18 mo.

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert L. Reiter M. D.

(Address) Balto City Hosp

aCo. 5-31 250B

8256 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 18256

CERTIFICATE OF DEATH

✓ 82-W

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

ngth of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. If of foreign birth 15 yrs. mos. ds.

2. FULL NAME Mrs. Ida Darrow

(a) Residence: No. 2046 E. Fairmount Ave Ward. 106
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Jacob Darrow

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
50	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Meyer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Brindle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date 12/5/35, 19

19. UNDERTAKER Jack Levin Son
(Address) 1432 E. Balto St

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935 to Dec 4, 1935

I last saw her alive on Dec 4, 1935 death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	Dec 3
	35

Other contributory causes of importance:
Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Rowe Moore M. D.

(Address) Franklin Sq Hosp

18257 F 18257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 47 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Abraham Silberman

(a) Residence: No. Sinai Hospital St., 2320 6th Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Moses

13. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hruda

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Date 12/5/35
Loew Southern Cem.

UNDERTAKER Jack Lewis Inc.
(Address) 1434 E. Baltimore St.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1935, to Dec 4, 1935. I last saw h[illegible] alive on Dec 4, 1935. Death is said to have occurred on the date stated above, at 4.40 m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency — Date of onset .....
Arteriosclerosis Cardiac — Date of onset .....
Hypertrophy + Dilitation, Chronic — Date of onset .....
Nephritis — Date of onset .....

Other contributory causes of importance:
Carbon Anthyhrad — Date of onset .....
(Bundle Branch Block) — Date of onset .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jos Moss M. D.
(Address) Sinai Hospital

18258 HEALTH DEPARTMENT—CITY OF BALTIMORE 18258

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Montford Ave St. 6 Ward)

Length of residence in city or town where death occurred 50 yrs. .. mos. .. da. How long in U. S. if of foreign birth? .. yrs. .. mos. .. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ernstina Hoffman

(a) Residence: No. 126 N. Montford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis H. Hoffman

DATE OF BIRTH (month, day, year) Jan 18 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Wesner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis H. Hoffman
(Address) 126 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Bet Sav Cem Date Dec 6 1935

19. UNDERTAKER Wm E. Miller & Son
(Address) 2334 Jefferson St.

FILED DEC 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3-35

I HEREBY CERTIFY, That I attended deceased from Dec 1 35 to 12-3 35

I last saw h alive on 12-3-35 9 A.M. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Myocardits

Date of onset Dec 1 35

Other contributory causes of importance:

Acute Cardiac Dilatation 1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an aut

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) 220 N Washington St

H. D. B 1268-9

8259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 18259

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Hollins St. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Victor Daszewicze

(a) Residence: No. 809 Hollins St, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Daszewicze

DATE OF BIRTH (month, day, year) Dec. 24 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	01	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithaina

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Lithaina

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Lithaina

17. INFORMANT Joseph Daszewicze

(Address) 809 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dale Cemetery Date Dec 7 1935

19. UNDERTAKER John Frethiauckas

(Address) 142 S. Paca St.

20. FILED Dec 5 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 18260

D. B 1268-9

18260 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Elliott Street Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Theresa Wiman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2931 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year): July 31 1872.

8. AGE: Years 63 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min. .....

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME OF FATHER: L. H. Wiman

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Margaretha Burgess

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs J. K. Sumter
(Address) 1735 Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 6, 1935

19. UNDERTAKER: Geo H Little
(Address) 2709 Edmondson Ave

20. FILED Dec 6, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 5, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held the (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) .....

8261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 18261

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 3601 Rosalind Av St. 27 Ward)

residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

L NAME Robert Thiele

Residence: No. 3601 Rosalind Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

married, widowed, or divorced
SBAND of
) WIFE of Emma R. Thiele

E OF BIRTH (month, day, year) Feb 2, 1866

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	10	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooker for Silk Mill

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Mfg Co

Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation Lifetime

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Thiele

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma R. Thiele

(Address) 3611 Rosalind Av

18. BURIAL, CREMATION, OR REMOVAL Pennsylvania Date Dec 6, 1935

Place Lincoln Park

19. UNDERTAKER Harry A Wilke

(Address) Baltimore Md

20. FILED DEC 9 1935, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1935

22. I HEREBY CERTIFY, That I have charge of the remains described above, held an Inquest (Inquest or Autopsy or None) thereon and from the evidence obtained by said Inquest (Inquest or Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	Dec 2'35
Arteriosclerosis	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Diduhow Coroner, M. D.

(Address) Bromo

F 18262

D. P. 1268-9

18262 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93-C

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 144 S. Culver St. St., 20-7 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank O. Daugherty

(a) Residence: No. 144 S. Culver St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Daugherty (nee Eschbach)

DATE OF BIRTH (month, day, year) July 18, 1884.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept. Chief Bat.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Daugherty

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ella McKelvy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Dorothy Daugherty 144 S. Culver St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 12/6/35. 19

19. UNDERTAKER (Address) Harry E. Little 4101 Edmondson Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 27 1935 to Dec 3 1935

that I last saw alive on Dec 2 1935. Death is said to have occurred on the date stated above, at 5.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cerebral Hemorrhage	9/27/35
Arteriosclerosis	1933
	1932

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) MacNeill M. D.

(Address) 1081 Sutton Ave

D. B. 1268-9

F 18263

18263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 West Lanvale St., 16 Ward)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A Millineaux

(a) Residence: No. 2918 W Lanvale St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) July 11 - 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " "

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

13. NAME Thomas Moore

14. BIRTHPLACE (city or town) (State or country) Salisbury Md

15. MAIDEN NAME Scharoleta Street

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Harold C Moore

(Address) 2918 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Good Shepherd Date Dec 6th 1935

19. UNDERTAKER Towell & Byrne Inc

(Address) 1617 W Cross St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 14th 1935 to Dec 3rd 1935

I last saw her alive on Dec 3rd 1935 Death is said to have occurred on the date stated above, at 11. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 14 1935

Other contributory causes of importance:

Softening of Brain and Varicose Veins of Left Leg	Years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury, ... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo Y Everhart M. D.

(Address) 1700 Windsor Mill Rd Balto.

F 18264

M. D. B 1268-9

F 18264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 186-a

1. PLACE OF DEATH St. Agnes Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Warner W. Peach

(a) Residence: No. ..... St., ... Ward. Granite Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Kathryn V. Peach

6. DATE OF BIRTH (month, day, year) Feb. 15th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Peach

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Coleman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Kathrym Peach

(Address) Granite Md.

18. BURIAL, CREMATION, OR REMOVAL St. Alphonsis Granite Md. Dec 3rd 35

19. UNDERTAKER Bernard C Harlo

(Address) 121 E West St.

20. FILED Dec 3 1935, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4th -35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Subdural Hemorrhage In Right Frontal Brain.

Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Dec. 3rd 35

Where did injury occur? Granite Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public store Of Mr. Cavey.

Manner of injury Fell down concrete stairs outside of building.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. F. Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave.

...ec.—1-12-23—M&T—500 Blks.

F 18265

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18265

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 S. Stricker ST., 19 WARD)

2-FULL NAME Marie Elizabeth Strott

(a) RESIDENCE NO. 33 S. Stricker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Charles Strott

DATE OF BIRTH (month, day, and year) June 26, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	74	5	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER David Reus

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Regiena M. Overman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Burnett E. Strott

(Address) 1003 W. Baltimore St.

15 Filed 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 - 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 - 1933, to Dec 2, 1935,

that I last saw h[illegible] alive on Dec 2 - 1935

and that death occurred, on the date stated above, at 5 00 A. M.

The CAUSE OF DEATH* was as follows:

Asterio Sclerosis Hypertension

Arterio Arteriosclerosis, Endocarditis

(Mitral Insufficiency) Chronic Nephritis

Contributory (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Norbert C. Notch, M. D.

12/4, 1935 (Address) 2157 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 12/5/ 1935

20 UNDERTAKER [illegible]

ADDRESS 1003 W. Baltimore St.

F 18266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18266

516

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Baltimore General Hosp

CITY OF BALTIMORE: (No. 1213 Light St., 14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran Specify WAR .....

2. FULL NAME Bernard Embert (Bernard N. Embert)

(a) Residence: No. Louisiana Ave - Rosemont, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Cora M. Embert

DATE OF BIRTH (month, day, year) November 21, 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	-	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermakers Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Clare Shops B&O

10. Date deceased last worked at this occupation (month and year) November 1935

11. Total time (years) spent in this occupation 11 yrs.

12. BIRTHPLACE (city or town) (State or country) Queen Anne County Maryland

13. NAME James Embert

14. BIRTHPLACE (city or town) (State or country) Queen Anne County Maryland

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Cora M. Embert

(Address) Rosemont, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec. 7, 1935

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED Dec 7, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1935 to Dec 4, 1935

I last saw him alive on Dec 4, 1935 Death is said to have occurred on the date stated above, at 8:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of bladder	
	about

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James S. Wheeler M. D.

(Address) 1218 Light St

18267 **HEALTH DEPARTMENT—CITY OF BALTIMORE** # 18267

ERIN **CERTIFICATE OF DEATH** X 53C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. 12 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Erin Taylor Lowrey
If U. S. Veteran specify WAR

(a) Residence: No. 6308 Moss Way St., Ward. Pikesville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Perrin H Lowrey

DATE OF BIRTH (month, day, year) Oct 6 19d

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	—	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Verona Miss.
13. NAME S D. Taylor
14. BIRTHPLACE (city or town) (State or country) Verona Miss.
15. MAIDEN NAME Mary Hood
16. BIRTHPLACE (city or town) (State or country) Cherry Creek Miss.
17. INFORMANT Mr. Perrin H Lowrey
(Address) 6308 Moss Way
18. BURIAL, CREMATION, OR REMOVAL Cremation
Place Verona Miss Date Dec 5 19 35
19. UNDERTAKER Henry N Jenkins Son
(Address) N. Eutaw & Orchard Sts
20. FILED 19 Registrar

DEC 5 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4th 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov. 24th, 1935, to Dec. 4th, 1935
I last saw her alive on Dec 4th, 1935. Death is said to have occurred on the date stated above, at 11:35 P m.

The principal cause of death and related causes of importance were as follows:
Brain Tumor (multiple)
Date of onset Nov 1st

Other contributory causes of importance:
Tumor of lung.

Was an operation performed? yes Date of Dec 2nd, 1935
For what disease or injury? Brain Tumor
Name of operation Puncture of Ventricle 12/3/35
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Edward Bagby Jr. M. D.
(Address) Lafayette & Eutaw.

18268 F 18268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Hospitals St., 8 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR .....

2. FULL NAME Jacob Nidermayer

(a) Residence: No. 1613 Faith Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M. Nidermayer

6. DATE OF BIRTH (month, day, year) Dec. 30, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME John Nidermayer

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Rosina Vist

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lehmans Date 12/6 1935

19. UNDERTAKER McCoy
(Address) 1214 E Fayette St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1935 to Dec. 4 1935

I last saw him alive on Dec. 4 1935 Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3 wks
Lung abscess	Unknown
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlgin M. D.

(Address) Baltimore City Hospitals

8269 ✓ F 18269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH South Baltimore Gen. Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 1/5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Norma Lee Fennell

(a) Residence: No. 6739 Brooklyn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) Sept 23. 1917

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Clarence T Fennell

14. BIRTHPLACE (city or town) (State or country) Elliott Md

15. MAIDEN NAME Lillian E Hurley

16. BIRTHPLACE (city or town) (State or country) Elliott Md

17. INFORMANT Clarence T Fennell
(Address) 6739 Brooklyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 12/6 1935

19. UNDERTAKER Wilson Co
(Address) 1212 E Baltimore St

20. FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/29 1935 to December 3. 1935

I last saw her alive on December 3 1935 Death is said to have occurred on the date stated above, at 12.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/20

Other contributory causes of importance:
Hypertension Cardiac disease
Hypertension Encephalopathy
Chronic glomerulo Nephritis

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilbert Dewees M. D.

(Address) South Balto Gen Hosp

spec.—6-9-19—H. P. Co.—1000 Bks.

18270 HEALTH DEPARTMENT—CITY OF BALTIMORE 18270

CERTIFICATE OF DEATH.

108

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No 707 Edgewood ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Davis

(a) RESIDENCE. No 707 Edgewood ST., WARD. No War Record

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): W.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florida Davis

6b DATE OF BIRTH (month, day, and year): Jan 6 1866

7 AGE: Years 18 Months 11 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tin Smith Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Hat Crown Stamp Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John T Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Stockton Md

12 MAIDEN NAME OF MOTHER: Millicent M Walmsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fond du Lac Wis

14 Informant (Address): Thomas Davis 2304 Hoffman St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 4 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1935, to Dec. 4, 1935, that I last saw him alive on Dec. 3, 1935, and that death occurred, on the date stated above, at 845 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar - both Lungs

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. D. Johnson M. D.

12-4-1935 Address) Medical Arts Bg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 12/6 35

20 UNDERTAKER: W M Cook

ADDRESS: 1217 Park Ave

DEC 5 - 1935

18271

HEALTH DEPARTMENT—CITY OF BALTIMORE

18271

34B-95B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 13 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record.

FULL NAME Charles Hicks

(a) Residence: No. 3538 Hickory Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada ? Hicks

DATE OF BIRTH (month, day, year) June 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles Hicks

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Daughter

(Address) 3538 Hickory Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Marie (Town Md) Date Dec 6th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1935 to Dec. 4th 1935

I last saw h~~im~~ alive on Dec 4th 1935 Death is said to have occurred on the date stated above, at 6 25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebr cardiac decompensation	

Other contributory causes of importance:

Luetic cardio-vasc. disease & aneurysm

Was an operation performed? No. Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harry F. Kane M. D.

(Address) Mercy Hospital

D. B. 1268-9

✓ F 18272

8272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 2520 Madison St St., 7 Ward)

ength of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Wallace Walker

(a) Residence: No. 2520 Madison Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Lida Webb Walker

DATE OF BIRTH (month, day, year) 6-10-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter-boat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Co Va

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) Hanover Co Va

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Maud Dotson

(Address) 2520 Madison Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Forest County Date Dec. 6 — 1935

19. UNDERTAKER Bros Geo. H. Holland

(Address) 1601 Eutaw Place

20. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1934 to Dec. 3 1935

I last saw him alive on Dec 2 1935 Death is said to have occurred on the date stated above, at 5:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	1934

Other contributory causes of importance:

Name of operation ——— Date of

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) [illegible] M. D.

(Address) 1500 E. Madison

F 18273

3273 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. Balto City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Martha Hayden

(a) Residence: No. 1227 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of George

DATE OF BIRTH (month, day, year) 4-20-76

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chamber Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME James McWilliams

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Annie Green

15. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec. 6 1935

UNDERTAKER Jno. H. Holland

(Address) 1601 Division St.

FILED Dec 6 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1935 to 12-3, 1935

I last saw her alive on 12-3, 1935 Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix uteri	unknown

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl Wilson M. D.

(Address) Balto. City Hospitals

F 18274

D B 1268-9
274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Wagner

(a) Residence: No. 722 S. Rose St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mathew Wagner

DATE OF BIRTH (month, day, year) June 29 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME James Kendzierski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Helen Chojnacka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mathew Wagner

(Address) 722 S. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec 6 1935

19. UNDERTAKER John M Welby

(Address) 421 S. Charles St

20. FILED Dec 5 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	

Other contributory causes of importance: Post Partum Hemorrhage

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

D. B 1268-9

✓ F 18275

18275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 Clifton Ave St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Geo. A. Schlegell

(a) Residence: No. 1636 Clifton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of WIFE of Eva M. Schlegell

DATE OF BIRTH (month, day, year) Feb 6, 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Schlegell

14. BIRTHPLACE (city or town) (State or country) U. S. A.

15. MAIDEN NAME Mary Reynold

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Eva M. Schlegell

(Address) 1636 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 12-6-1935

19. UNDERTAKER Wendell E. Humphreys

(Address) 1501 N. Broadway

20. FILED 12-6-1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Peterson, M. D.
Coroner

(Address) 1919 E. North Ave.

18276 ✓ F 18276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803½ Copley Rd. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

→ If U. S. Veteran specify WAR .....

2. FULL NAME Eleanor S. Ferris

(a) Residence: No. 3803½ Copley Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Ferris

DATE OF BIRTH (month, day, year) Dec. 30, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Louis Sander

14. BIRTHPLACE (city or town) (State or country) Baltimor Md.

15. MAIDEN NAME Margaret Schmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT William H. Ferris

(Address) 3803½ Copley Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/6/35 19

19. UNDERTAKER Richard W. Keyser

(Address) 1030 Ashburton St.

FILED DEC 5 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd 35 to Dec. 3rd 35. I last saw h alive on Dec. 3rd 1935. Death is said to have occurred on the date stated above, at 9:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis about	1 yr
Began in left breast with metastases to right breast and to lungs	6 mo
Breast amputation, Date of about 1 yr ago	
For what disease or injury? Breast amputation Date of 1/1/35	
Name of operation. Clinical Diag. was there an autopsy? no	
What test confirmed diagnosis?	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr. O'Byrne M. D.

(Address) 3045 W North Ave.

18277 ✓ F 18277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3+c-97

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Bundick

(a) Residence: No. 536 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

DATE OF BIRTH (month, day, year) Dec. 1896.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Onancock Va. Date Dec 5th 1935

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Bramble Ave

20. FILED DEC 5 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/25 1935 to 12/3 1935
I last saw h alive on 12/3 1935. Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of aorta	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reeto M. D.
(Address) Balto City Hosp

✓ F 18278

18278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 14 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clayborne Allen

(a) Residence: No. 1020 J St Harmon Pl St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) .....

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT John H Motley (Address) Stevens Court

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cem. Date Dec 6 1935

19. UNDERTAKER John W Henderson (Address) 1622 McCulloh St

FILED Dec 6 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1935 to 12-4 1935

I last saw him alive on 12-4 1935. Death is said to have occurred on the date stated above, at 8:10 PM.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio renal disease
Uremic coma

Date of onset 10-20 3?

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) P. H. Jackson M. D.

(Address) 1600 N. Arlington

F 18279

8279 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Rosalie Ave St., 6 Ward)

Length of residence in city or town where death occurred 69 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. 3 mos. ds.

2. FULL NAME Charles Pennatley If U. S. Veteran specify WAR none

(a) Residence: No. 2109 Rosalie Ave St., Ward. Canada

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Pennatley

6. DATE OF BIRTH (month, day, year) Nov 2 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Toolmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 28 6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset England

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harriet Pennatley (Address) 2109 Rosalie Ave

18. BURIAL, CREMATION, OR REMOVAL Con. Place Woodlawn Cem Date 12 6 1931

19. UNDERTAKER Leonard Hyatt (Address) 501 Hamburg Street

20. FILED 12 8 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1930 to Dec 4 1931

I last saw him alive on Dec 4 1931. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 11 Days

Other contributory causes of importance:

General Contracture

Was an operation performed? No Date of —

For what disease or injury? No

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Pike Thompson M. D.

(Address) 4 W. Chase St

D. B 1268-9

F 18280

280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 79-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Betsy Farmer

(a) Residence: No. Raleigh N. C. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) 1929 - April 19

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Luther Farmer

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Betty Mary Boswell

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Johns Hopkins Hospital

(Address) Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Raleigh N.C. Date [illegible] 1935

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Surgery thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Surgery (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococci Meningitis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schuster, M. D.
Coroner

(Address) 1702 E. North Ave

D. B 1268-9

F 18281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James B. Edmondson Jr.

If U. S. Veteran specify WAR

(a) Residence: No. Finksburg, Carroll Co. St. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 11, 1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME James B. Edmondson Sr.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Margerett A. Grimes

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Father
(Address) Finksburg

18. BURIAL, CREMATION, OR REMOVAL
Place Resurrection Cemetery Date Dec. 7th 1935

19. UNDERTAKER L. M. Hahn
(Address) Finksburg, Md.

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I & 2 Degree burns of Hands & Body	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accidental Dec. 4, 1935
Accident, suicide, or homicide Date of injury

Where did injury occur? At His Home in Finksburg
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Gasoline Burn

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Mellor, M. D.
Coroner

(Address) 2757 Garrett St.

D 6884

18282 F 18282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 13-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Ray Wood

If U. S. Veteran specify WAR

(a) Residence: No. Essex Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/8/35

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Howard Wood

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Mary Grover

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Reynolds

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date 12/6 1935

19. UNDERTAKER John E. Connelly

(Address) Essex

FILED 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Dec 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1935 to Dec 3 1935

I last saw him alive on Dec 3 1935. Death is said to have occurred on the date stated above, at 11:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, bacillary	Nov 1

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hosp.

8283 ✓ F 18283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 56

Registered No. .....

1. PLACE OF DEATH .

CITY OF BALTIMORE: (No. Lemuel Memorial Hosp. / 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs.. 9 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth June Nichols

(a) Residence: No. Highland, Howard County St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME E. Cashell Nichols

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Gladys Anderson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT E. Cashell Nichols
(Address) Highland Md

18. BURIAL, CREMATION, OR REMOVAL
Place St. Martins Bay Date 12-7 1935

19. UNDERTAKER J. P. Hinebaugh
(Address) Ellicott City Md

20. FILED Dec 9 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1935, to Dec 5 1935
I last saw her alive on Dec. 5 1935 Death is said to have occurred on the date stated above, at 6:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Pancarditis (acute)	Nov. 16 '35
Other contributory causes of importance:	
Pericardial Effusion	11-30-35

Was an operation performed? Yes Date of 11-30-35

For what disease or injury? Pericardial effusion

Name of operation Pericardiotomy Date of 11-30-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robin MacRae M. D.

(Address) Union Memorial Hosp.

D. P. 1268-9

3284

✓ F 18284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 345 E. 22nd Street St. 17 Ward)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME KATHRYN L. BROWN

(a) Residence: No. 345 E. 22nd Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, year) Jan. 10, 1920

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John K. Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Letitia Hand

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. John K. Brown
(Address) 345 E. 22nd Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Dec. 7 , 19 35

19. UNDERTAKER Chas. F. Grace & Son
(Address) 118 W. Lafayette Ave

FILED 1935 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 , 1935

22. I HEREBY CERTIFY, That I attended deceased from August 5th 1933. 19 to Dec 4th 1935 19
I last saw her alive on Nov 16th , 1935 Death is said to have occurred on the date stated above, at A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis.	
Chr Nephritis.	

Other contributory causes of importance: —

Name of operation none Date of —

What test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Wallace Wells M. D.
(Address) 3005 St. Paul St.

F. D. B. 1268-9

✓ F 18285

8285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Fait Av St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Willy

(a) Residence: No. 2700 Fait Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Dec 4 - 1935

7. AGE: Years | Months | Days | If LESS than 1 day, 9 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Edward F. Willy

14. BIRTHPLACE (city or town) (State or country): Cumberland Maryland

15. MAIDEN NAME: Dorothy Fitzgerald

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Edward F. Willy
(Address) 2700 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Schwartz Cem Date: 12/6 1935

19. UNDERTAKER: William Cook
(Address) 1217 St Paul Street

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1935 to Dec. 5, 1935

I last saw her alive on December 5 1935. Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 4 1935

Other contributory causes of importance:

Protracted labor and malpresentation in birth

Name of operation: ... Date of: ...

What test confirmed diagnosis: Operative delivery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos. L. Colen M.D.

(Address) 16 E. Broadway

8286 ✓ F 18286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth E. Mercer

If U. S. Veteran specify WAR .....

(a) Residence: No. Mayfield Howard Co. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph E. Mercer

DATE OF BIRTH (month, day, year) Oct. 4, 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Rob. E. Day

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Frances Harding

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jos. E. Mercer

(Address) Mayfield Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Cem'y Date 12/8 35, 19

19. UNDERTAKER Greer & Son

(Address) Sykesville

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Post mortem Cesarean Section (Stillborn)	
Cerebral Embolism	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. W. Jackson M.D.

(Address) 737 W. Baltimore

✓ F 18287

3287 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 21 Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Woods

(a) Residence: No. 600 Archer St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William.

7. DATE OF BIRTH (month, day, year) 12/25/1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50 ~~51~~		11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Charles Brown

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Francis ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 12/6, 1935

19. UNDERTAKER Rayner & Snider
(Address) 1413 E Preston St

20. FILED DEC 7 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1935 to 12/2, 1935

I last saw h[illegible] alive on 12/2, 1935 Death is said to have occurred on the da[illegible] above, at 7:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5 days
Bronchopneumonia	2 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

D. B 1268-9

F 18288

8288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Boston Forster

(a) Residence: No. 2504 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes L.

DATE OF BIRTH (month, day, year) Oct 9 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

13. NAME George E. Forster

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Annie Courtney

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Frank S. Forster (Son)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasantwood Date Dec 7 1935

19. UNDERTAKER John C. Miller
(Address) 1435 E. Oliver St

20. FILED Dec 7 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH 9 AM

21. DATE OF DEATH (month, day, year) Dec 4 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Coroner's or Medical Examiner's Inquiry)
obtained by said inquest (Inquest, Coroner's or Medical Examiner's Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull & fractured pelvis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 1, 1935

Where did injury occur? U.S. Rubber Co. Md. Eastern
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Eastern Ave & Diamond St. U.S. Rubber Co. ground floor

Manner of injury struck by trolley car.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. W. Wright Coroner, M. D.

(Address) 210 E. Eldwood Ave

82885
0708

F 18289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pasqual Barranco

If U. S. Veteran specify WAR .....

(a) Residence: No. 904 S. 11th St St., ... Ward. Birmingham Ala.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 3-6-31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	8	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) alabama

13. NAME Robert Barranco

14. BIRTHPLACE (city or town) (State or country) La

15. MAIDEN NAME Lena Querico

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Birmingham Ala. Date 12/5 19[illegible]

UNDERTAKER Frank V. Fitzstone

Address 818 E. Baltimore

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 . 1935 to Dec 5 . 1935

I last saw him alive on Dec 5 . 1935 Death is said to have occurred on the date stated above, at 12[55] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus, congenital	1931

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/4/35

For what disease or injury?

Name of operation Cerebellar exploration Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

F 18290

B 18290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital 25 (Ward)

Length of residence in city or town where death occurred 67 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Albert C Tenalt No War Record

(a) Residence: No. 708 Washington Blvd Locust Mt Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane A Tenalt

DATE OF BIRTH (month, day, year): May 26 1868

AGE: Years 67 | Months 6 | Days 8 | If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping Clerk

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shipping Supplies

9. Date deceased last worked at this occupation (month and year): Dec 1935

10. Total time (years) spent in this occupation: 30

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: John Tenalt

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Isabella Tenalt

16. BIRTHPLACE (city or town) (State or country): Scotland

INFORMANT: Mrs A Sterling

(Address) 3704 Walbrook

BURIAL, CREMATION, OR REMOVAL: Place Loraine Date 12/6 1935

UNDERTAKER: The Ed Lindsay

(Address) 1214 Edmondson

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 4 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to Inquiry 19... I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: Dec 3 1935 Date of onset

Acute Bronchial Pneumonia

Other contributory causes of importance: Gradual failing heart.

Name of operation no Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos H Phillips M. D.
(Coroner)

(Address) 1939 Edmondson

F 18291

D. H. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

18291

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1654 Ruxton St., 15 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Rodwell

(a) Residence: No. 1654 Ruxton ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Mary Novak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Gratz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Jacob Rodwell

(Address) 1654 Ruxton ave

18. BURIAL, CREMATION, OR REMOVAL Rd Dec 6 1933

Place Herbert Washington Date

19. UNDERTAKER Sol Levinson Bro

(Address) 1127 E. Baltimore St.

20. DIED DEC 5 1933, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Personally) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquest) found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam , M. D.
Coroner

(Address) 1215 Hanover

18292 HEALTH DEPARTMENT—CITY OF BALTIMORE 18292

CERTIFICATE OF DEATH 92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 312 E. Washington St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Constanty Tisinski
If U. S. Veteran specify WAR

(a) Residence: No. 312 E Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Constance Tisinski

DATE OF BIRTH (month, day, year) Unk.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland
13. NAME Joseph Victor Tisinski
14. BIRTHPLACE (city or town) (State or country) Poland.
15. MAIDEN NAME Unk.
16. BIRTHPLACE (city or town) (State or country) Poland.
17. INFORMANT Constance Tisinski
(Address) 312 E. Washington St.
18. BURIAL, CREMATION, OR REMOVAL Woodstock Cem. Date Dec 7 1935
19. UNDERTAKER Fred W. Orzechowski
(Address) 1920 Eastern Ave.
20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1935 to Dec. 3 1935.
I last saw h— alive on Dec. 3 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis with Myocarditis.	10-4-35
Other contributory causes of importance. Myocardial Insufficiency	11-30-35

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? P.S. 25 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no (Specify)
(Signed) John V. Szczerbicki M. D.
(Address) 1802 Eastern Ave

F 18293 F 18293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 Washington Blvd. W. Ward)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eliza Pearl Tate

(a) Residence: No. 634 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis W Tate

6. DATE OF BIRTH (month, day, year) July 18 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	17 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Paley Hood

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susie Fitch

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr Louis W. Tate

(Address) 634 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Dec 7 1935

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1935 to Dec. 5 1935

I last saw her alive on Dec 4 1935. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	August 1927
Other contributory causes of importance: Uremia	12/1/35

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A. Skladowsky M. D.

Address 642 Washington Blvd

18294 —500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18294

CERTIFICATE OF DEATH.

✓ 107-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 833 S. Lakewood Ave ST. WARD)

2-FULL NAME Franks Siekierski

(a) RESIDENCE NO. 833 S. Lakewood St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs. Anna Siekierski

DATE OF BIRTH (month, day, and year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
65				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry business, or establishment in which employed (or employer)

(c) Name of employer self

BIRTHPLACE (city or town) (State or country) Poland —

10 NAME OF FATHER Kasper Siekierski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Edward Siekierski 833 S. Lakewood Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4 1935

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1 1935 to Dec. 4 1935.

that I last saw h alive on Dec. 4 1935

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wallace Long M. D.

12-4 1935 (Address) 1000 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart of Mary DATE OF BURIAL 12/7 1935

20 UNDERTAKER John J. Linda ADDRESS 2811 Hudson St

D. P. 1268-9

295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18295

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 S. Bouldin St. No Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Malko

(a) Residence: No. 1012 S Bouldin St., Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mikolay Malko

7. DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Peter Kmiyta

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mikolaj Malko

(Address) 1012 S Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 12/7 35

19. UNDERTAKER John J Linda

(Address) 258 N Hudson St

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to Dec 3, 1935

I last saw h alive on Dec 3, 1935 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	Fel: 34
metastasis to brain, lung	
Other contributory causes of importance: Hypertensive cardiovascular disease	1 yr

Name of operation Mastectomy Date of April 1934

What test confirmed diagnosis: Chemical, Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius J. Fuyro M. D.

(Address) 222 D Eastern Ave

D. B. 1265-9

18296 HEALTH DEPARTMENT—CITY OF BALTIMORE 18296

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Arlington Park Apts. St., 27 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettye Greif Halle

(a) Residence: No. Green Spring Manor Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Moses Halle

6. DATE OF BIRTH (month, day, year) Apr. 18, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Levi Greif

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Hennie Fleishman

15. BIRTHPLACE (city or town) (State or country) Balto. Md.

16. INFORMANT (Address) Mr. Moses Halle Green Spring Manor Apts.

17. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date Dec. 6 1935

18. UNDERTAKER David Londberg & Son (Address) 1902 Eutaw Place

19. FILED Dec 6 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1928 to Dec 4 1935

I last saw h alive on Dec 4 1935 Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 4 1935
Hypertension & Nephritis	1928

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutaw Place

18297 HEALTH DEPARTMENT—CITY OF BALTIMORE 18297

CERTIFICATE OF DEATH

82-a

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Gate 1 H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henrietta S. Heineman

If U. S. Veteran specify WAR

(a) Residence: No. Marlborough Gate St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Heineman

DATE OF BIRTH (month, day, year) June 3, 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cumberland, Md.

13. NAME Sam'l Annenborn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothea Prager

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. J. Heineman

(Address) Marlb. Gate.

BURIAL, CREMATION, OR REMOVAL

Place Oheb Shalom Date Dec. 6 1935

UNDERTAKER David Sonnheim & Son

(Address) 1208 Eutaw Place

FILED 19 Registrar.

DEC 6 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1935 to Dec 5 1935

I last saw her alive on 12-5 1935 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset

Other contributory causes of importance:

Hypertension
Cardiac insuff
Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Bernard Cohen M. D.

(Address) Marlb. Gate

8298 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 18298

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Aged 26 15 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosa Weyler

(a) Residence: No. 1928 W. North Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Weyler

DATE OF BIRTH (month, day, year) Sept. 14 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME — Froelich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jos. Rann

(Address) 1928 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Date Dec. 8 1935

19. UNDERTAKER Reid Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED DEC 6 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1935, to December 6, 1935

I last saw her alive on December 6, 1935. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	
Arteriosclerosis	
Chronic myocarditis	
Cardiac insufficiency	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. A. Sinar, M. D.

(Address) Sinai Hospital

18299 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 108 F 18299

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Universality Hospital, 15 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Philip Turfle

(a) Residence: No. 1554 McKean ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Della Julia Turfle

DATE OF BIRTH (month, day, year) Aug 10 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Md

13. NAME Philip H. Turfle

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Katherine Swartzbar

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Sadie Webb

(Address) 1554 McKean ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/7/35 19

19. UNDERTAKER Frederick A. Cole

(Address) 1210 W. Lombard St.

FILED DEC 6 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1935 to Dec 4, 1935

I last saw h him alive on Dec 4, 1935. Death is said to have occurred on the date stated above, at 4 A m.

The prinripal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Nov 30

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, sperify .....

Signed C. H. Feise, M. D.

(Address) University Hosp.

F 18300

D. F. [illegible]

F 18300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Reservoir St., 13 Ward)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion B. Freeman

(a) Residence: No. 720 Reservoir St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of: Sarah P. Freeman

DATE OF BIRTH (month, day, year): Feb 3 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penn Mutual Life Insurance Co

10. Date deceased last worked at this occupation (month and year): Dec 4 1935

11. Total time (years) spent in this occupation: About 11 yrs

BIRTHPLACE (city or town) (State or country): Charles Co Maryland

13. NAME: A. Marshall Freeman

14. BIRTHPLACE (city or town) (State or country): Charles Co Md

15. MAIDEN NAME: Katharine A. W. Lyon

16. BIRTHPLACE (city or town) (State or country): Charles Co Md

INFORMANT (Address): Sarah P. Freeman 720 Reservoir St

BURIAL, CREMATION, OR REMOVAL: Druid Ridge Cemetery Date Dec 7, 1935

UNDERTAKER (Address): Chas. J. Keelty 742 W. Fayette Ave

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1935 to Dec. 5, 1935

I last saw him alive on Dec. 5, 1935 Death is said to have occurred on the date stated above, at 11:55 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12/4/35

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack R. Morgan M. D.

(Address) 6 E. Biddle St.

18301 F 18301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1104 Park Ave St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Sylvia Banks
(a) Residence: No. 1104 Park Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	Col	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Banks

7. DATE OF BIRTH (month, day, year) May 30th 83

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenelg Md
13. NAME of Father Isaac Jones
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME of Mother Susan Smith
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Mary Banks (Address) 1104 Park Ave
18. BURIAL, CREMATION, OR REMOVAL Place Gloucester Co Date 12/7/ 1935
19. UNDERTAKER Frances A Handley (Address) 578 W. Biddle St
20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6/11/35 . 19 ... to 12/5/35 . 19 ... I last saw her alive on 12/4/35 . 19 ... Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
(a) Pulmonary Tuberculosis	
(b) Pulmonary Bronchitis	
(c) Chronic Nephritis	
(d) Uremia	

Other contributory causes of importance:

Was an operation performed? Yes Date of ?
For what disease or injury?
Name of operation Amputation of breast?
What (test confirmed diagnosis)? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Hilton Ellis M. D.
(Address) 624 Park Ave.

18302 F 18302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospital St., 7 Ward)
Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mary Haskins
(a) Residence: No. 576 W. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leonard ?

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Price

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mandy ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 12/7/ 1935

19. UNDERTAKER Francis A. Dempsey
(Address) 57 E. W. Biddle St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-16 1935 to 12-4 1935
I last saw her alive on 12-4 1935 Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Myocardial Insufficiency	11-17-35

Other contributory causes of importance

Was an operation performed? Yes Date of 9-17-35
For what disease or injury? Gangrene R Foot Complicated by Diabetes Mellitus
Mid-Thigh Amputation
Name of operating physician? Dr. Price Date of 9-22-35
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ralph Wilson Jr. M. D.
(Address) Balto. City Hospital

18303 ✓ F 18303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Fuller

(a) Residence: No. 306 Chapel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Howard Fuller

DATE OF BIRTH (month, day, year) July 6 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Louis Trossbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lizzie W Keeler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Macchens Cem Date Dec. 7 1935

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/2 1935 to 12/4 1935

I last saw her alive on 12/4 1935. Death is said to have occurred on the date stated above, at 6:18 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
Myocardial insufficiency	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

F 18304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Diffenbach
If U. S. Veteran specify WAR

(a) Residence: No. 605 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah

DATE OF BIRTH (month, day, year) 5/17/67

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 68	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Adam

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minerva Glass

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Daughter.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Baltimore Date Jan 7, 35

19. UNDERTAKER Thomas Gibbons & Son
(Address) 3615 17 Christmas Ave

20. FILED ..... 19 ..... Registrar

C-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/7, 1934 to 12/4, 1935
I last saw him alive on 12/4, 1935 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp.

H. D. B. 1268-9

18305 F 18305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bodey Cromwell Harvey

(a) Residence: No. 510 Forrest Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-4-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Chas H Harvey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Thomas Cromwell

16. BIRTHPLACE (city or town) (State or country) Finksville Md

17. INFORMANT Chas H Harvey

(Address) 510 Forrest Ave

18. BURIAL, CREMATION, OR REMOVAL Dr. Mt Calvary Date 12/6 1935

Thos F Kershaw & Son

19. UNDERTAKER

(Address) 1116 Cathedral & Orchard Sts

20. FILED DEC 6 1935 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) and that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance: .....

Was an operation performed? ... Date of 12/5/35

For what disease or injury? Pneumonia

Name of operation Lobectomy Date of 12/5/35

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-5 1935

Where did injury occur? York Road near Forrest Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing street struck by

Nature of injury Automobile

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Hector Tuley Yates M. D. Coroner

(Address) .....

18306 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 18306

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilson Reese

If U. S. Veteran specify WAR .....

(a) Residence: No. 211 N. Arlington Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 1/26/1886

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mo Ala

13. NAME Wilson

14. BIRTHPLACE (city or town) (State or country) Mo Ala

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (city or town) (State or country) Mo Ala

17. INFORMANT Patient.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Dec 6 1935

19. UNDERTAKER R. Lockard Halstead

(Address) 9 S Exeter St Balto

20. FILED ... 19 ... Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/7 . 1935 to 12/2 . 1935

I last saw him alive on 12/2 . 1935 Death is said to have occurred on the date stated above, at 7 55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Carcinoma of prostate (?)	?
& metastases.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

18307

HEALTH DEPARTMENT—CITY OF BALTIMORE

18307

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1020 N. Milton St., 8 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emanuel Regensberger

(a) Residence: No. 1020 N Milton ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sidenar + White Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis Kriston

(Address) 1020 N Milton ave

18. BURIAL, CREMATION, OR REMOVAL Druid Hill 12-6-35

Date 19

19. UNDERTAKER Jos. Young Jr.

(Address) 1427 E Baltimore St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemiplegia.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1916 E. Baltimore

18308 HEALTH DEPARTMENT—CITY OF BALTIMORE 18308

CERTIFICATE OF DEATH + 117-a

Registered No.

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Edgar Stoney Read
(a) Residence: No. Bel Air; Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leonora Wayne

DATE OF BIRTH (month, day, year) July 7th 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto dealer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina
13. NAME Harleston Read
14. BIRTHPLACE (city or town) (State or country) S. C.
15. MAIDEN NAME Ann E. Stoney
16. BIRTHPLACE (city or town) (State or country) S. C.
17. INFORMANT Thos. H. Holmes
(Address) Bel Air Md.
18. BURIAL, CREMATION, OR REMOVAL Place Georgetown S.C. Date Dec 8 1935
19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

DEC 6 1935

Registrar.

GHS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-1935

22. I HEREBY CERTIFY, That I attended deceased from November 30 1935 to December 5 1935
I last saw h/m alive on December 5 1935 Death is said to have occurred on the date stated above, at 6:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	? years
Hemorrhage from Ulcer	6 days
Anemia Secondary	6 days
Arteriosclerotic Heart Disease	? years

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Murray McFarland M. D.
(Address) Union Memorial Hosp.

F 18309

18309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH 706 Benston Place & Roland Av. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Same St., 43 Ward) 19

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillie Mae Schmidt

(a) Residence: No. 5700 Rusk Ave St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Monroe Schmidt Widowed

6. DATE OF BIRTH (month, day, year) Feb. 2, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9 10	5 4	40 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work about home

10. Date deceased last worked at this occupation (month and year) July 20/35

11. Total time (years) spent in this occupation 30 yrs ago

12. BIRTHPLACE (city or town) (State or country) Alexandria Va.

13. NAME OF FATHER Mossmyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fercieu

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Chas E Delaney

(Address) 706 Benston Place

18. BURIAL, CREMATION, OR REMOVAL

Place Dunkirk Date Dec. 9 1935

19. UNDERTAKER Wm J Tickner & Sons

(Address) North & Penna Aves.

20. FILED Dec 9 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1935 to Dec. 6th 1935

I last saw her alive on Dec 6th 1935 Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uterus — Date of onset July 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of July 21, 1935

For what disease or injury? Carcinoma

Name of operation D. & C. curetage Date of July 21 35

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sherman R. Wantz M. D.

(Address) 2601 Manhattan Ave Baltimore Md.

F 18310

18310 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 N. Fulton Ave. St., 7 Ward)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Liena A. Bright.

(a) Residence: No. 1917 N. Fulton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Wm. H. Bright.

DATE OF BIRTH (month, day, year) June 11, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Asheville N. C.

13. NAME OF FATHER Herman L. Kraus.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Louisa Siebrg

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. Wm. H. Bright.

(Address) 1917 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 6 1935

19. UNDERTAKER Wm. Tucker Sons

(Address) North & Fulton Ave.

Filed ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1935 to Dec. 4 1935

I last saw h... alive on Dec. 4 1935 Death is said to have occurred on the date stated above, at 1245P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	Nov 26 35
Arteriosclerosis nephritis	

Other contributory causes of importance: Acute Bronchopneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Irving Jones M. D.

(Address) 1520 Eutaw Pl.

18311

F 18311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Barker

(a) Residence: No. 3826 Kelvick Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George

7. DATE OF BIRTH (month, day, year) 11/23/61

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wm Driver

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Martha Garrett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem Date 12/7/35

19. UNDERTAKER Walter Davis & Sons

(Address) 3716 Gwynn Oak Ave

20. FILED DEC 8 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1935, to 12/5, 1935

I last saw her alive on 12/5, 1935. Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Myocardial insufficiency	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Carter, M. D.

(Address) Balto City Hosp

18312

F 18312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3148 Elmora. Ave St., 8 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret R. K. Weyrich

(a) Residence: No. 3148 Elmora. Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John. P. Weyrich

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Theresa. ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Amelia Schmidt
(Address) 3148 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12-6 '35

19. UNDERTAKER Mrs Chas A. G. Rohde
(Address) 2327 Edmondson Ave

20. FILED ..... 19 .. p. m. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-11- 1935 to 12-3- 1935

I last saw her alive on 12-3- 1935. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	
Mitral Regurgitation	5-11-35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Milton C. Lang, M. D.

(Address) 2117 Belair Rd.

D. B. 1268-9

F 18313

8313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1931

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2759 Tivoly Ave Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Rudolph Smith

(a) Residence: No. 2759 Tivoly Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotta D. Schmidt Horst

DATE OF BIRTH (month, day, year) Sept. 6, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer market

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Md Dairy Co

10. Date deceased last worked at this occupation (month and year) 10/11/35 11. Total time (years) spent in this occupation 14 yrs

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. Charlotta Smith

(Address) 2759 Tivoly Ave

BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Date Dec 7 1935

UNDERTAKER John Ulrich & Co

(Address) 2008 Orleans St

FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1935 to Dec 5, 1935

Last saw deceased alive on Dec 4, 1935 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
& endocarditis	10/11/35
Chr nephritis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno B. Sybert M. D.

(Address) 2802 Harford Ave

. D. B. 1268-9

18314 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 18314

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4620 Frankford Ave.) 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Hrabnek

(a) Residence: No. 4620 Frankford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Hrabanek

DATE OF BIRTH (month, day, year) April 10-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT James Hrabanek
(Address) 4620 Frankford

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem. Date Dec 7, 1935

19. UNDERTAKER John Ulrich
(Address) 2005 Aisquith

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1935 to Dec 5, 1935

I last saw h[illegible] alive on Dec 5 1935 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	July 35
Cardiac Decompensation	Dec 35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Kyle M. D.

(Address) 901 Wilkens

F 18315

8315 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 12-B

1. PLACE OF DEATH South Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. St., 6 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Mc Guire

(a) Residence: No. 127 N. Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Mc Guire

DATE OF BIRTH (month, day, year) Sept 2 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lithographing
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME John Mc Guire
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Balto
17. INFORMANT Elizabeth Mc Guire
(Address) 127 N. Glover St
18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 9 1935
19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St
20. FILED 12-9-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935 to Dec 5, 1935
I last saw him alive on Dec 5, 1935. Death is said to have occurred on the date stated above, at 7 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	12-4-35
Myocardial failure	11-29-35
Other contributory causes of importance	10-4-35

Was an operation performed? yes Date of 10-4-35
For what disease or injury? Intestinal obstruction
Name of operation Resection of adhesions Date of 10-4-35
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? not If so, specify

(Signed) James L. Mc Ilvaine M. D.
(Address) 1213 Light St

18316 F 18316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 70 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Johnson
(a) Residence: No. 2731 Edmondson Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Brown

DATE OF BIRTH (month, day, year) 8/10/1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (07)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motorman United Railways
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Little Rock Ark.
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "
17. INFORMANT Friend - United Railways Co.
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 12/7/35
19. UNDERTAKER George J. Ruth Inc.
(Address) 1725 Eutaw Place
20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-35.

22. I HEREBY CERTIFY, That I attended deceased from 11-20-, 1935 to 12-5-, 1935
I last saw him alive on 12-4-, 1935 Death is said to have occurred on the date stated above, at 12:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. M. Magruder, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 18317

F 18317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Inc Eldery St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Smith

If U. S. Veteran specify WAR

(a) Residence: No. 2903 Inc Eldery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widow

If married, widowed, ~~divorced~~ (or) WIFE of Widow Wm E Smith

DATE OF BIRTH (month, day, year) Sept 10-1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME George H. Lembach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Margaret M. Fields
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date Dec 7, 1935

19. UNDERTAKER John A. Inman
(Address) 3000 E. Baltimore St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4/35

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1935 to December 4 1935

I last saw h&V alive on December 4, 1935 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Unknown
Chronic Myocarditis	Unknown
Chronic Nephritis	Unknown

Other contributory causes of importance:

Cerebral Hemorrhage	12 hrs

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Philemon Artigiani M. D.

(Address) 2942 Fayette E

M. D. H. 1268-9

F 18318

8318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma E. Brown

(a) Residence: No. Rockwell Ave. Ellicott St., City, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Brown

6. DATE OF BIRTH (month, day, year) May 13, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME A. Hensel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emma Rector

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Brown.

(Address) Ellicott City. ,Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Con Date 12/9 1935

19. UNDERTAKER E. Hamilton Sons Jr.

(Address) Ellicott City Md

20. FILED Dec 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6 1935 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry found that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. K. Cullen M. D.

(Address) 2757 N. Howard

F 18319

18319 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 5 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Cephus Gaymon

(a) Residence: No. 618 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie.

7. DATE OF BIRTH (month, day, year) 1/14/1888.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Alfred

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Nicky ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Wife.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Odd Fellows Cem. Date Dec 7 1935

19. UNDERTAKER Robt. E. Williams
(Address) 1515 McCulloh St.

Registrar.

FILED DEC 6 1935 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/2 1935 to 12/3 1935

I last saw him alive on 12/3 1935 Death is said to have occurred on the date stated above, at 6:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitter M. D.

(Address) Balto City Hosp

18320 E 18320

18320 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2839 Clifton Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Belle May Doron.

(a) Residence: No. 2839 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William S. Doron.

DATE OF BIRTH (month, day, year) May 1, 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Thomas A. Murphy.

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

15. MAIDEN NAME Isabelle Smith.

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Harry E. Doron

(Address) 2839 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL DEC 9 1935

Place Loudon Park Date

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED DEC 9 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1935, to Dec 5 1935

I last saw h alive on Dec. 5 1935 Death is said to have occurred on the date stated above, at 10.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	several years
Other contributory causes of importance: Acute Dilatation Hypostatic Congestion	5 ds.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (Specify)

(Signed) Herbert C Blake M. D.

(Address) Med arts Bldg.

F 18321

18321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Henson

(a) Residence: No. 545 Oxford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Henson

DATE OF BIRTH (month, day, year) 6-13-1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	21	20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Washington D.C.
13. NAME Buchanita Coleman
14. BIRTHPLACE (city or town) (State or country) ? Va.
15. MAIDEN NAME Oda Benjamin
16. BIRTHPLACE (city or town) (State or country) ? Ala
17. INFORMANT Balto City Hospt Records
(Address) ?
18. BURIAL, CREMATION, OR REMOVAL Place Pikesville Cem Date 12/7/35 19
19. UNDERTAKER Mrs Ida N. Holland
(Address) 1631 Linden Ave

FILED DEC 9 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1935 to 12-3 1935

I last saw her alive on 12-3 1935 Death is said to have occurred on the date stated above, at 1055 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
	?

Other contributory causes of importance: Abscess L. Lt. Lung and Gallbladder Angina

Was an operation performed? yes Date of 12-3-35

For what disease or injury? Abscess Lung & Gallbladder

Name of operation Incision & Drainage Gallbladder

What test confirmed diagnosis? Urinalysis, Blood, Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If employment specify

(Signed) Robt. J. Martin M.D.

(Address) Balto City Hospt Baltimore, Md

F 18322

3322 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Hawkins
If U. S. Veteran specify WAR ...

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 5, 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George F Hawkins

14. BIRTHPLACE (city or town) (State or country) Brooklyn Md

15. MAIDEN NAME Annie Smith

16. BIRTHPLACE (city or town) (State or country) Paterson N J

17. INFORMANT George F Hawkins
(Address) Furnace Branch a.a.Co Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 6, 1935

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1935, to Dec 6, 1935
I last saw her alive on Dec 6, 1935. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Data al onset
Abortion - 26 weeks	12
Premature labor	

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation ... Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E H Dutcher, M. D.
(Address) Univ. Hosp.

F 18323

18323 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4399 N. Kenwood Ave Ward) 6
Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernhard Graf

(a) Residence: No. 4399 N. Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of late Margaret Graf

DATE OF BIRTH (month, day, year) June 21/1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5	14	13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sergeant 1861
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Balto Police Dept
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.
13. NAME John Graf
14. BIRTHPLACE (city or town) (State or country) Ger.
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Ger.
17. INFORMANT John Graf
(Address) 4399 N. Kenwood Ave
18. BURIAL, CREMATION, OR REMOVAL 35
Place Balto. Cem. Date Dec 7 19
19. UNDERTAKER Philip Henry Sons
(Address) 2016 Orleans
20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 35

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1935 to Dec 4 1935

I last saw him alive on Dec 3 1935. Death is said to have occurred on the date stated above, at 7 1/3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis of Heart	Dec 3/35

Other contributory causes of importance:

Pneumonia (Hypostatic) Bilateral	10/31/35
Cardiac Hypertrophy?	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? Phy. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. W. Meyer Jr. M. D.

(Address) 1522 E. 32nd St.

18324 HEALTH DEPARTMENT—CITY OF BALTIMORE 18324

46-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 Mc Elderry St. Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Young

(a) Residence: No. 2908 Mc Elderry St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara Young

DATE OF BIRTH (month, day, year) Feb 20 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rohde Ship B. Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Joseph Young

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Rupidlowski

(Address) 2908 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 7 19 35

19. UNDERTAKER Philip Herwig Sons

(Address) 216 Holland St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1934 to Dec 4 1935

I last saw him alive on Dec 4, 1934. Death is said to have occurred on the date stated above, at 11:05 p.m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease — Date of onset 4/34

Other contributory causes of importance: Carcinoma of Stomach — 10/34

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. C. Faucett M. D.

(Address) 9407 Cavendish Balto

H. D. B. 1268-9

F 18325

8325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 S. Linwood Ave St. 1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 52 yrs. mos. ds.

2. FULL NAME Antonina Trybulowski

(a) Residence: No. 1100 S. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Trybulowski

6. DATE OF BIRTH (month, day, year) Sept 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Joseph Wrinek

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Agnes Kudek

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Charles Marszalek

(Address) 1100 S. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Dec 7 . 1935

19. UNDERTAKER Stephen J. Fratkowski & Co

(Address) 1000 S. Linwood Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 . 1935

22. I HEREBY CERTIFY, That I attended deceased from December 3. 1935 to Dec. 4, 1935

I last saw h[illegible] alive on Dec. 4, 1935 Death is said to have occurred on the date stated above, at 4 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Aortic Insufficiency	
Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1534 E. Baltimore

AaCo. 5-31 250B

F 18326

8326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 149-B-108

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1029 Homewood Ave St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Catherine Reeder

(a) Residence: No. 1702 Holbrook St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Raymond Reeder

DATE OF BIRTH (month, day, year) Sep 2/1907

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	28	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry J. Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret C. Kearney

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Wm Raymond Reeder
(Address) 1702 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 7, 1935

19. UNDERTAKER Rita Wedefeld
(Address) 911 Presstman St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec 5/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Nove 29/35, 19..., to Dec 5/35, 19...
I last saw her alive on Dec 5/35, 19... death is said to have occurred on the date stated above, at 5.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 28/35
Other contributory causes of importance:	
Child birth (full term)	Nov 30/35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) J. E. Davis, M. D.
(Address) 508 E. North Ave

8327 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 18327

CERTIFICATE OF DEATH

✓ 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hannah Moylan

(a) Residence: No. 1317 Arsgath St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas F Moylan

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Barrett

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Timmons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos. F. Moylan

(Address) 1317 Ausgusta St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 9 1935

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1935, to Dec 6, 1935.

I last saw h alive on Dec. 6, 1935. Death is said to have occurred on the date stated above, at 6 25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	Dec., 1935
Diabetes Mellitus	1927

Other contributory causes of importance:

Cerebral arteriosclerosis	?
Emphysema	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Lidman M. D.

(Address) Sinai Hospital

F 18328

8328 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theodore Holland

(a) Residence: No. 1329 W. Lafayette Ave., City St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	negro	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie ?

DATE OF BIRTH (month, day, year) Sept. 10, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 8-10-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

13. NAME Edmond Holland

14. BIRTHPLACE (city or town) (State or country) ???

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place MD Auburn Cemetery Date Dec 1 1935

19. UNDERTAKER Ernest Peel

(Address) 524 W Hamburg St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1927 to December 4, 1935

I last saw him alive on December 1, 1935. Death is said to have occurred on the date stated above, at 1:25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, parenchymatous, chr.	Over 3 yrs
Hypertrophy of prostate	July '32
Other contributory causes of importance	
Uremia, septic	Nov. '35

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T B H Anderson M. D.

(Address) U.S. Marine Hospital, Balto.

F 18329

M. D. B 1268-9

18329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clay D. Hobbs

(a) Residence: No. ..... St., ... Ward West Friendship, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE) Mary Hobbs

6. DATE OF BIRTH (month, day, year) Feb 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town)..... (State or country) Maryland

FATHER

13. NAME Harry Hobbs

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Carrie Allevato

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT J. C. Hobbs (Son)

(Address) West Friendship, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ellicott City, Md. Date 12-3- 35

19. UNDERTAKER H. Bruchhauser

(Address) Ellicott City, Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6-35 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a(n) Inquest thereon and from the evidence obtained by said Inquest (Personal Attendance or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Right Brain	

Other contributory causes of importance

Dilitation of Heart.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave.

M. D. B 1268-9

F 18330

8330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital 4 — Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Hazel Mange

(a) Residence: No. Pennsylvania Ave Westminster Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4 1922

7. AGE — Years: 11 — Months: 5 — Days: 27 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country): Westminster Md

MOTHER

13. NAME: Maud Mange

14. BIRTHPLACE (city or town) (State or country): Westminster Md

FATHER

15. NAME: Harry Burgoon

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Howard Mange

(Address): Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Westminster Date: Dec 1935

19. UNDERTAKER: H Bankard & Son

(Address): Westminster Md

20. FILED ..... 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured skull — Date of onset: 12/3/35

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident, Date of injury 12/3/35

Where did injury occur? Street or Highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street

Manner of injury: Struck by truck while riding

Nature of injury: bicycle

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Herbert Gigliotti M. D. Coroner

(Address) 707 N Charles St

D. B. 1268-9

E 18331

8331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bettie S. Greene

(a) Residence: No. 2701 Strathmore Ave Ward. No War Record

(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 21-1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME John B Greene

14. BIRTHPLACE (city or town) (State or country) Richmond Va

15. MAIDEN NAME Hazel Davis

16. BIRTHPLACE (city or town) (State or country) Balto md

INFORMANT (Address) John B Greene 2701 strathmore Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 12/7 1935

UNDERTAKER (Address) Wm Cook 1217 st Paul st.

FILED 1935 Registrar

OPEN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	12/4/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: (Accident, suicide, or homicide) Accident Date of injury 12/4 1935

Where did injury occur? Linwood Road near intersection (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Nature of injury Struck by automobile while crossing the street

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Bayley Potts M. D.

Coroner

(Address) 527 N Charles St

F 18332

18332

HEALTH DEPARTMENT—CITY OF BALTIMORE

Full Name: Mariana Morera y Homen ~~Vda. de Navarro~~

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 South Charles Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME See above Mariana M. Navarro

If U. S. Veteran specify WAR None

(a) Residence: No. 1105 South Charles St., Ward.

(Usual place of abode) 12 Years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: (HUSBAND of) (or) WIFE of: Anthony Navarro

7. DATE OF BIRTH (month, day, year): April 13 [illegible]

AGE: 78 Years | Months: 7 | Days: 23 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Cuba

13. NAME: 2.

14. BIRTHPLACE (city or town) (State or country): Cuba

15. MAIDEN NAME: 3

16. BIRTHPLACE (city or town) (State or country): Cuba

17. INFORMANT: Mildred Navarro

(Address) 1105 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 12/9 1935

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

20. 12/8/35 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th 1935 to Dec 6 1935

I last saw he alive on Dec 5 1935 Death is said to have occurred on the date stated above, at 11.35 am.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Insufficiency — Date of onset: Dec 5 1935

Other contributory causes of importance: General Arterio Sclerosis — 1930

Was an operation performed? No Date of

For what disease or injury?

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis: Loss of Vision & Right Hemiplegia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O'Connell M. D.

(Address) 1740 E Balto St.

M. D. B 1265-9

✓ F 18333

333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME William B. Lynch

(a) Residence: No. 4223 Belmar Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud C. Lynch

6. DATE OF BIRTH (month, day, year) Aug. 29 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

FATHER

13. NAME Wm. A. Lynch

14. BIRTHPLACE (city or town) NotKnown (State or country)

MOTHER

15. MAIDEN NAME Charlotte Barber

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT Maud Lynch

(Address) 4223 Belmar Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forestville Md Date Dec 7th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E Fairmount Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractur of Pelvis	
Probably Caronary Thromboses	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 16, 1935

Where did injury occur? 28 Charlcote Pt, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from Ladder

Nature of injury Fractur of Pelvis

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. H. Dielman M. D.

(Address) 2757 W. Mount

✓ F 18334

18334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Evergreen Ave St., 7 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR 16 Record

2. FULL NAME Mary A. Hill

(a) Residence: No. 3207 Evergreen St., Ward.
(Usual place of abode) 80 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Wm William E Hill

DATE OF BIRTH (month, day, year) Nov 28 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginina

13. NAME Charles H Parker

14. BIRTHPLACE (city or town) (State or country) Bath Maryland

15. MAIDEN NAME Elza Griffith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Walter Beever

(Address) 3207 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 12/9 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1931 to Dec 6 1935

I last saw h ~~e~~alive on Dec 5 1935 Death is said to have occurred on the date stated above, at 5-a m.

The principal cause of death and related causes of importance were as follows:

Endocarditis — Date of onset 4 yrs

Other contributory causes of importance:

Failure of Compensation — 1934

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Dorman M. D.

(Address) 3136 Lafayette Ave

F 18335

8335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-1-95

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bald City Hosp. St., 13 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herman Dobson.

(a) Residence: No. 629 Cumberland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 2/27/1893

7. AGE: Years 42 | Months 9 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: General 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md.

13. NAME: Louis

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Lucinda James

16. BIRTHPLACE (city or town) (State or country): Va. Va

17. INFORMANT: Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Dec 9 1935

19. UNDERTAKER: Rogers & Ellicott

(Address) Guilford Ave & Centre Sts

FILED 1935 ..... Registrar

LRH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1935 to 12/6, 1935

I last saw him alive on 12/6, 1935 Death is said to have occurred on the date stated above, at 10 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of thoracic aorta	1 yr.
Other contributory causes of importance:	
	Nov

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reite M. D.

(Address) Bald City Hosp.

✓ F 18336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 56

1. PLACE OF DEATH United States Marine Hospital St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 10 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Godett

(a) Residence: No. 141 W. Lenox St., Boston, Mass St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hazel Williams Godett

DATE OF BIRTH (month, day, year) April 16, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamen

10. Date deceased last worked at this occupation (month and year) 2-[illegible]-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Bern N. C.

13. NAME Mart Godett

14. BIRTHPLACE (city or town) (State or country) New Bern N.C.

15. MAIDEN NAME Rozetta ?

16. BIRTHPLACE (city or town) (State or country) New Bern N.C.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery - Date 12-7-35

19. UNDERTAKER Wendell & Humphreys (Address) 1400 N. Broadway

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1935, to December 3, 1935

I last saw him alive on December 3, 1935. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever, acute	1-[illegible]-35
Pleuropericarditis, serofibrinous	2-24-35
Other contributory causes of importance:	
Pulmonary edema	2-[illegible]-35

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [signature] M. D.

(Address) U.S. Marine Hospital

18337 ✓ F 18337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 16-293

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4411 Frankford Ave St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Rogers

(a) Residence: No. 4411 Frankford Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Rogers

DATE OF BIRTH (month, day, year) Nov 24 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Elizabeth Wendel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Marie Cavedgnan

(Address) 4411 Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Parkwood Date 12-9 1935

19. UNDERTAKER Leonard Ryder

(Address) 5305 Redford Rd.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/29/35 to 12/5 1935

I last saw her alive on 11/30 1935. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	9/28/35
Other contributory causes of importance: Acute Constipation Acute Cardiac Dilatation	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. H. Barranco M. D.

(Address) 436 E Fort Ave

18338 ✓ F 18338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph K Nop

If U. S Veteran specify WAR .....

(a) Residence: No. 762 Bradley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) 6/6/97

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38 7 7	5		23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Douglas

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Annie Bullock

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Dec 7, 35

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Dec 7 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/2, 1935, to 12/4, 1935

I last saw him alive on 12/4, 1935. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency syphilitic	5 mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

D. B. 1268-9

18339

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18339

CERTIFICATE OF DEATH

93-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6106 Old Harford Road St., 27 Ward)

Length of residence in city or town where death occurred 4 yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARIE S. BROCKMANN

(a) Residence: No. 6106 Old Harford Road. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Philip F. Brockmann

DATE OF BIRTH (month, day, year) Oct. 24. 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minneapolis Minn.

13. NAME Lorenz Biel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Philip F. Brockmann (Husband)

(Address) 6106 Old Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Minneapolis. Minn Date Dec. 7. 1935

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec . 1935 to Dec 5 . 1935

I last saw her alive on Nov 30 . 1935 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs
Other contributory causes of importance:	
Arterio Sclerosis	3 yrs

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. W. Wheeler M. D.

(Address) 4309 York Rd.

8340 ✓ F 18340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Hampton Court Apt St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth 87 yrs. 5 mos. 0 ds.

2. FULL NAME Catherine Ann Pearce
If U. S. Veteran specify WAR NONE

(a) Residence: No. Hampton Court Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rev. Liston H Pearce
6. DATE OF BIRTH (month, day, year): July-5-1848
7. AGE: Years 87; Months 5; Days 0; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none
12. BIRTHPLACE (city or town) (State or country): Balto. Maryland
13. NAME: Cotter Bride
14. BIRTHPLACE (city or town) (State or country): Scotland
15. MAIDEN NAME: Mary Bailey
16. BIRTHPLACE (city or town) (State or country): Ireland
17. INFORMANT: Mrs H. Aller-(son)
(Address) Hampton Court Apts
18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date Dec 7 1935
19. UNDERTAKER: Stewart Mortuary Co.
(Address) 108 W Mulberry.
20. FILED 1935 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 5 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1935 to Dec 5 1935
I last saw her alive on Dec 5 1935. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of breast & Generalized organs — Date of onset Jan 35

Other contributory causes of importance:
Senility

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) W H Pearce M. D.
(Address) 2105 Eutaw St

F 18341

8341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James H. Wade

(a) Residence: No. 722 Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~): Beatrice Wade.

6. DATE OF BIRTH (month, day, year): 1895

7. AGE: Years 40 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER FATHER

13. NAME: Abraham Wade

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Debbie Carrington

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Record Provident Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 12/9/ 1935

19. UNDERTAKER (Address): Frances A Demsley 578 W. Biddle St

20. FILED 1935 Registrar. NFN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.6.35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11.27 . 19 35 to 12.6 . 19 35

I last saw him alive on 12.6 19 35 Death is said to have occurred on the date stated above, at 3:30 p m

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-renal disease — Date of onset 1933 ?

Uremia

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Jackson M. D.

(Address) 1200 W. Baltimore.

F 18342

18342 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

52

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto. City Hospital (Ward) 16
Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Harry S Straw
(a) Residence: No. 619 Kirby Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sally

DATE OF BIRTH (month, day, year) 8-3-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	69	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.
13. NAME Benjamin Straw
14. BIRTHPLACE (city or town) (State or country) Pa.
15. MAIDEN NAME Susa Humes
16. BIRTHPLACE (city or town) (State or country) ?
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem. Manchester Pa. 17/9/35
19. UNDERTAKER Philip Sterling Sons
(Address) 2016 Calhoun St
20. Filed ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-4-1935 to 12-5-1935
I last saw him alive on 12-5-1935 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt. Ear & extension to Skull & Metastases to Stomach	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-14-35
For what disease or injury? Carcinoma Rt. Ear
Name of operation? Excision Rt. Ear Date of 8-14-35
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If specify
(Signed) Frank Cridson Jr. M. D.
(Address) Balto. City Hospital

F 18343

8343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Violet Ave. St., 15 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara V. Carey

(a) Residence: No. 2619 Violet Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Archibald B. Carey

DATE OF BIRTH (month, day, year) July 24, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Gibson Tracy

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. E. L. Carey
(Address) 2619 Violet Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 7, 1935

19. UNDERTAKER Fred H. Cook
(Address) 1003 E. Baltimore St.

20. FILED 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1929, to Dec. 4, 1935. I last saw her alive on Dec. 4, 1935. Death is said to have occurred on the date stated above, at 9.10 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Endo- & Myo Carditis — Date of onset 1929.
arteriosclerosis
End arteritis & crural ulcer

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Maurice L. Shamer M. D.

(Address) 3500 E. North Ave.

M. D. B 1268-9

18344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18344

CERTIFICATE OF DEATH

162

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Harlem St., 9th Ward)

Length of residence in city or town where death occurred 89 yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Miller

(a) Residence: No. 1455 Edmondson St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Amanda Faulkner

6. DATE OF BIRTH (month, day, year): Dec 25, 1845

7. AGE: Years 89 | Months 11 | Days 19 | If LESS than 1 day, hrs. or min. ...

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Ambrosius Miller

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna Maria ...

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Charles Otto Miller, Son
(Address) 2804 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/9/35 19

19. UNDERTAKER: Jos. Hutzler & Son
(Address) 2503 Edmondson Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 6 , 1935

22. I HEREBY CERTIFY, That I last saw the deceased alive on ... 19 ..., and that I visited the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
General debility	

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. Klaer M. D.
Coroner

(Address) 815 Hanover St

F 18345

M. D. B 1268-9

18345 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Boston Sherman Weaver

(a) Residence: No. 1536 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annabel Stinchcomb

6. DATE OF BIRTH (month, day, year) Feb. 8, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Circleville Ohio

FATHER

13. NAME George Weaver

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Catherine Hawks

16. BIRTHPLACE (city or town) (State or country) Circleville Ohio

17. INFORMANT Mrs. Annabel S. Weaver

(Address) 1536 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Kingsville, Md. Date Dec. 7, 1935

19. UNDERTAKER John C. Mitchell & Sons, Inc

(Address) 1900 Eutaw Place

20. FILED Dec 7 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry did find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. K. Mackenzie Coroner M. D.

(Address) 2757 W. North Ave.

Spec.—9 30—A. & Co.—250 Bks.

F 18346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Myrtle Ave. St. 17 Ward)

2 FULL NAME Adelia Mary Stepney

(a) RESIDENCE NO. 1204 Myrtle Ave St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Colrd

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: A. Stepney

6 DATE OF BIRTH (month, day, and year): 9 1900

7 AGE: Years 35; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home 0037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Boston Mass

PARENTS

10 NAME OF FATHER: Robert Lee Coates

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emma Chunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Byron Stepney 1204 Myrtle Ave

15 Filed 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5/35

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 19 35, to Decmb 6, 19 35

that I last saw h in alive on Decmb 5, 19 35 and that death occurred, on the date stated above, at 8.30 A.M.

The CAUSE OF DEATH* was as follows:

Acute P Nemonia Influenza

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): nil

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles Wesley M.D.

Dec 6, 19 35 (Address) 811 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvery Cemetery

DATE OF BURIAL: Dec 8 19 35

20 UNDERTAKER: Elroy DeWilson

ADDRESS: 1000 Brady Ave

F 18347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. ..... St., 7 Ward)
Length of residence in city or town where death occurred ... yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgia V Masters If U. S. Veteran specify WAR .....
(a) Residence: No. 1201 Calvert St., Bldg. Washington D.C. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/29/71

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	63		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Dr Thos Howe
14. BIRTHPLACE (city or town) (State or country) Mo.
15. MAIDEN NAME Emma Kay
16. BIRTHPLACE (city or town) (State or country) Mo
17. INFORMANT Records Johns Hopkins Hospital
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date Dec 7 1935
19. UNDERTAKER Harry L. Glyer
(Address) 1007-11-611 Penn Ave - D.C.
218 C. Eng & Arch.
20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1935 to Dec 7 1935
I last saw h[illegible] alive on Dec 7 1935 Death is said to have occurred on the date stated above, at 1535 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	?
Cholelithiosis	?
Peritonitis (chemical)	12/6
Broncho-pneumonia	12/6
Other contributory causes of importance:	
Arteriosclerosis	?
Myocardial fibrosis	?

Was an operation performed? Yes Date of 12/5/35
For what disease or injury? Cholelithiosis
Name of operation Cholecystectomy Date of 12/5/35
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Herbert Eichert M. D.
(Address) Johns Hopkins Hosp.

F 18348

F 18348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 n Bond St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ( ) mos. ( ) da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie M. Lee

(a) Residence: No. 104 n Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George Lee

6. DATE OF BIRTH (month, day, year): Jan 3-1868

7. AGE: Years 67; Months 11; Days 2; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Madison. Indiana

MOTHER

13. NAME: unk

14. BIRTHPLACE (city or town) (State or country): unk

FATHER

15. MAIDEN NAME: Julia Simmons

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT (Address): Catherine Simpson 104 n Bond st.

18. BURIAL, CREMATION, OR REMOVAL

Place: Johnson County Date 12/8 1935

19. UNDERTAKER (Address): Walter V. Lewis 739 W Pratt St.

20. FILED 8-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 5, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Dec 4 1935
Other contributory causes of importance: Hypertension	1934

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George P. Allen M. D. Coroner

(Address) 507 Eutaw St.

F 18349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18349

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 E Monument St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Stella Barnett

If U. S. Veteran specify WAR .....

(a) Residence: No. 1441 E Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced (or) WIFE of Joseph Barnett

7. DATE OF BIRTH (month, day, year) Unknown age 1875

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. D Drug Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Dorsella Bundy daughter

(Address) 1441 E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 12/6/ 1935

19. UNDERTAKER Mrs. Isaac G. Bailey

(Address) 142[illegible]

20. FILED [illegible] Registrar.

35-1838

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1935 to Dec 4 1935

I last saw h[illegible] alive on Dec 4 1935 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Parenchymatous Nephritis →	1½ yr
& complete Anuria →	2 days
Uremic Manifestations	
Other contributory causes of importance:	
Hypertension (Retin. sclerosis)	1½ yr.
Diabetes Mellitus	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Physical & Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R J Young M. D.

(Address)

F 18350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 5 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur Dixon

(a) Residence: No. 436 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

6a. If married, widowed, or divorced
HUSBAND of Mary.
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/3/1885.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50.	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER'S NAME

13. NAME Lewey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 12/5/ 1935

19. UNDERTAKER Wm. H. & Jos. W. Bailey
(Address) 421 [illegible]

20. FILED DEC 6 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/2, 1935 to 12/4, 1935
I last saw him alive on 12/4, 1935. Death is said to have occurred on the date stated above, at 4 37 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency

Date of onset Dec.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

F 18351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 N. Wolfe St. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rae Fainman

(a) Residence: No. 139 N. Wolfe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Fainman

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME William Parsonky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Fainman
(Address) 139 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Otis Shipley Cemetery Date Dec 8 1935

19. UNDERTAKER Sol Levinson Bro
(Address) 1137 E. Baltimore St.

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-9

F 18352

18352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 E. Lexington St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Mulnick

(a) Residence: No. 721 E. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of Rachael Mulnick

6. DATE OF BIRTH (month, day, year) Nov. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cabinet maker

10. Date deceased last worked at this occupation (month and year) nearly

11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isidor Mulnick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Mulnick

(Address) 721 E. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Rd Date Dec 8 1935

19. UNDERTAKER Holt Simpson & Rose

(Address) 1129 E Baltimore St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12 1935 to Dec 6th 1935

I last saw him alive on Dec 6 1935. Death is said to have occurred on the date stated above, at 5:06 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	?
Other contributory causes of importance:	
Coronary thrombosis	Dec 5

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. Kader M. D.

(Address) 2306 Eutaw Place

18353

HEALTH DEPARTMENT—CITY OF BALTIMORE

18353

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 A Hanover St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kalman Sachs

(a) Residence: No. 606 A. Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie

7. DATE OF BIRTH (month, day, year) 1870

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Sholim Sachs

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bessie Sachs

(Address) 606 A Hanover st

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Washington Rd Date Dec 8 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

20. FILED Dec 8 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from May 9 1935 to Dec 6 1935.

I last saw h. he alive on Dec 6 1935. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Decompensation

Acut Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. L. Hornstein M. D.

(Address) 733 Aisquith St

F 18354

F 18354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH Church Home and Infirmary — Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) N. Broadway St., 15 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret Bahlke — No War Record

(a) Residence: No. 4201 Mondawmin Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Mr. George Bahlke

DATE OF BIRTH (month, day, year) Aug. 27, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year) Dec, 4, 1935

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Mr. F. Rupprecht

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Barbara Fisher

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. George Bahlke
(Address) 4201 Mondawmin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 9th 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

FILED - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1935 to Dec. 6, 1935

I last saw her alive on Dec. 6, 1935 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 4
Other contributory causes of importance: Pulmonary Edema	Dec. 4

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl H. Zeigler, M. D.

(Address) Church Home and Infirmary

F 18355

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18355

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2823 Ridgewood St. 25 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Katherine G. Drexel

(a) Residence: No. 2823 Ridgewood St. Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Frank F. Drexel

DATE OF BIRTH (month, day, year) Jan 30th 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Gerhard H. Kukst

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Catharine Cordes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katharine A. Drexel

(Address) 2823 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 9th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1923 to Dec 7 1935

I last saw her alive on Dec 6 1935. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Cerebral Arteriosclerosis	
Chronic Nephritis. Hypertension	
Other contributory causes of importance	Over 12 yrs

Cerebral hemorrhage

Was an operation performed? (Yes) (No) about 6 days Date of No

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carroll Lockard M. D.

(Address) 4 E Preston St

F 18356 F 18356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6307 Brook Ave., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick C. Emrich

If U. S. Veteran specify WAR No Record

(a) Residence: No. 6307 Brook Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Minna L. Emrich

6. DATE OF BIRTH (month, day, year) Dec 1st 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Officer 0061

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) -

17. INFORMANT Minna L. Emrich

(Address) 6307 Brook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 9th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 1935 to Dec. 7th, 1935

Last saw h alive on 19 . Death is said to have occurred on the date stated above, 12 Sp.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	8 yrs
Hemiplegia	1 yr
Chron. Nephritis	2 yrs
Other contributory causes of importance	
Asthma of Lungs	1/2 hr.

Was an operation performed? — Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. Moore M. D.

(Address) 716 Caldwell St

F 18357 F 18357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Piedmont Ave. 70 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Elizabeth Davidson

(a) Residence: No. 2631 Lauretta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Davidson

6. DATE OF BIRTH (month, day, year) Dec. 20, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hillsdale Baltimore Md.

FATHER

13. NAME George Washington Tilley

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Eliza Virginia Parrish

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Robert Davidson

(Address) 2631 Piedmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 12/9/35 1935

19. UNDERTAKER Josiah Lipp

(Address) 1012 W. North Ave

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1935 to Dec 7 1935

I last saw her alive on Dec 6 1935. Death is said to have occurred on the date stated above, at 12-5 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1931
Other contributory causes of importance: Bronchitis Pneumonia	Dec 4, 5 '35

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ed. L. Emmerich M. D.

(Address) 1433 Maryland Ave

F 18358

18358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jack Pinsky

(a) Residence, No. 1801 Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Herman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 12/8/35 19

Hebrew Friendship

19. UNDERTAKER Jack Louis Low
(Address) 1439 E. Baltimore

20. FILED 19 — — — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1935 to Dec 6 1935

I last saw him alive on Dec 6 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertension	
Uremia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jacob B Gross M. D.

(Address) Sinai Hospital

F 18359

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18359

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Shaba Mendelberg

(a) Residence: No. 1515 Balt. St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower Esther

b. DATE OF BIRTH (month, day, year)

c. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) 1043

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME Bert Mendelberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Date 12/8/35 19

19. UNDERTAKER Jos. Louis Inc. 1459 E. Baltimore St.

(Address)

20. FILED ..... Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 . 1935. to Dec. 6 . 1935

I last saw him alive on Dec. 6 . 1935. Death is said to have occurred on the date stated above, at 2:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemoptysis	
Pulmonary Tuberculosis (?)	
Other contributory causes of importance:	
Arteriosclerosis	
Pulmonary Emphysema	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Jeffrey, M. D.

(Address) Sinai Hospital

F 18360 F 18360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1819 Westphal Place St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mon. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Mary M. Schwarz
(a) Residence: No. 1819 Westphal Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles Schwarz

7. DATE OF BIRTH (month, day, year) July 9-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME Joseph Lacher

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Minister

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles Schwarz
(Address) 1819 Westphal Place

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 9 1935

19. UNDERTAKER Geo Z Beyer Jr
(Address) 512 Collins St.

20. FILED Dec 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to Dec. 5 1935
I last saw h[illegible] alive on Dec. 5 1935 Death is said to have occurred on the date stated above, at 8.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis - cardiac decompensation, card iac arrythmia.	not known
nephritis	over
Other contributory causes of importance:	
acute cardiac Dilatation	Dec 5 1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical + Lab. Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. Edward Norris M. D.
(Address) 107 East west St

18361

E 18361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Lemon St. St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin F. Stokett

If U. S. Veteran specify WAR .....

(a) Residence: No. 1609 Lemon st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth (Brady)

7. DATE OF BIRTH (month, day, year) Dec. 16-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1086

10. Date deceased last worked at this occupation (month and year) about 4 yrs.

11. Total time (years) spent in this occupation Balto

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles Stokett

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie M. Chaney.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Elizabeth Stokett

(Address) 1609 Lemon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 9 , 19 35

19. UNDERTAKER Geo L. Beyer Jr

(Address) 512 Pollitt st

20. FILED ..... , 19 ..... (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 , 1935 , to Dec 6 , 1935

I last saw him alive on Dec 6 , 1935. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	2 hrs

Other contributory causes of importance:

Chronic myocardial & hypertension and arteriosclerosis - Senility.

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) C E Elas M. D.

(Address) 1 N. Fulton Ave.

M. D. B. 18362 F 18362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18362 ✓ 94-B

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2204 E. Chase St. St., 8 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Ehrhardt

(a) Residence: No. 2204 E. Chase St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Betty Ehrhardt

6. DATE OF BIRTH (month, day, year) Sept 12 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R.R.

10. Date deceased last worked at this occupation (month and year) 5 years ago

11. Total time (years) spent in this occupation 28 years

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Ehrhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christiana Estuk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Betty Ehrhardt (Address) 2204 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 11 1935

19. UNDERTAKER Henry Lutz (Address) 1203 N. Broadway

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? Yes Date of .....

For what disease or injury?

Name of operation Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Chantry M. D.

Coroner

(Address) 1719 E. North Ave.

F 18363

C. B. B. 1265-9

18363 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Fairview Ave St., 15 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Rosalow Foot. to Nov

(a) Residence: No. 3704 Fairview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Wade Foot

6. DATE OF BIRTH (month, day, year) Feb 17 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 1009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motor Vehicle Com.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Alton Va

MOTHER FATHER

13. NAME Wade Foot

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Letitia Chatwell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mrs Rosalow Foot 3704 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem Date Dec 9 35

19. UNDERTAKER (Address) Fenton Foote & Foote 2200 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Dec 6 1935

I last saw h alive on Dec 6 1935 Death is said to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 1-1-1930

Other contributory causes of importance:

Diabetes Mellitus — ?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Victor Nicholls M. D.

(Address) 1617 Poplar Grove

18364 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18364

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 461 S Elsrode Ave St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Baier
(a) Residence: No. 461 S Elsrode Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph Baier
6. DATE OF BIRTH (month, day, year): Sept 27-1851
7. AGE: Years 74 | Months 2 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Jacob Young
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs. Ida Heckman
(Address): 461 S Elsrode Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date 12/9, 1935

19. UNDERTAKER: Leonard Bright
(Address): 520 Hanford Rd

20. FILED 12/9/35 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/2/35, 19 to 12/6/35, 19
I last saw her alive on 12/6/35, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Exhaustion
Toxaemia
Date of onset

Other contributory causes of importance:
Carcinoma of Rectum
Was an operation performed? Rectum Date of 1935
For what disease or injury? Cancer of Rectum
Name of operation Resection Low Date of
What test confirmed diagnosis? NV Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Chas Swint, M. D.
(Address) 470 Hanford Rd

12/9/35

H. D. B. 1268-9

18365 F 18365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 N. Fulton Ave. St., 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward A. Renehan

(a) Residence: No. 1644 N. Fulton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 7, 1903.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milk Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milk 966

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael A. Renehan

14. BIRTHPLACE (city or town) (State or country) Howard County, Md.

MOTHER

15. MAIDEN NAME Cecilia Demmead

16. BIRTHPLACE (city or town) (State or country) Howard County Md.

17. INFORMANT Cecilia Renehan,
(Address) 1644 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 9, 35

19. UNDERTAKER Albert W Peregoy
(Address) 440 E. north ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1933 to Dec. 4, 1935

I last saw him alive on Dec. 4, 1935. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	9/10/33

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

18366 ✓ F 18366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 279 E. 31 st. St., 12 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR None

2. FULL NAME Adelaide Holbrook

(a) Residence: No. 279 E. 31 st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John P. Holbrook
6. DATE OF BIRTH (month, day, year): Jan. 22 1856
7. AGE: Years 79 | Months 10 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER
13. NAME: Joshua Barnes
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Clara
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Fannie Feathell
(Address) 279 E. 31 st. St.

18. BURIAL, CREMATION, OR REMOVAL: Carroll Co.
Place: Pleasant Grove Date: Dec. 9. 1935

19. UNDERTAKER: Forsee F. Burgee
(Address) 3631 Falls Road

20. FILED ..... 19 ..... Registrar

D-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1. 1935 to Dec 7. 1935

I last saw her alive on Dec 6. 1935. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular - Renal disease	1934

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Dingsberry M. D.

(Address) 800 W. 36 St.

H. D. B 1268-9

F 18367

18367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Richardson St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? 27 yrs. ---- mos. ---- ds.

2. FULL NAME Margaret Zornek.

(a) Residence: No. 1313 Richardson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, XXXXXXXXXX (or) WIFE of Max Zornek.

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	----	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary.

13. NAME Joseph Lorez.

14. BIRTHPLACE (city or town) (State or country) Hungary.

15. MAIDEN NAME Catherine ------

16. BIRTHPLACE (city or town) (State or country) Hungary.

17. INFORMANT Max Zornek. (husband)

(Address) 1313 Richardson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lady Cypress Cem. Date Dec. 9, 1935

19. UNDERTAKER Chas. H. Eyring,

(Address) 1301 E. Lanvale

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) C. L. Feinhardt, M. D. Coroner

12/7/35 (Address) 1017 E. Charles St.

F 18368 JF 18368

M. H. B. 126-5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Joseph Howard

(a) Residence: No. 711 E. Clement St. St., ... Ward.

(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola E. Howard

6. DATE OF BIRTH (month, day, year) Feb. 9 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME William E. Howard

14. BIRTHPLACE (city or town) Frederick (State or country) Md.

MOTHER

15. MAIDEN NAME Bertie V. Bolam

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT William E. Howard (Address) 711 Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 2. 9. 35. 19

19. UNDERTAKER J. J. Fahey & Son (Address) 1311 Light St.

20. FILED 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 1935

22. I HEREBY CERTIFY, That I took charge of the remains of the above named deceased on Feb. 7 1935 and that I last saw deceased alive on Feb. 6 1935 and that death occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Myocarditis	

Other contributory causes of importance: Cardiac failure - chronic

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Chenoweth, M. D. Coroner

(Address) 1911 E. Fort Ave

M. D. B. 1268-9

F 18369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Hiddleton St. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James A. McHugh

(a) Residence: No. 1700 Block Eutaw Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence McHugh

6. DATE OF BIRTH (month, day, year) February 12 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John J. McHugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Caffey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary T. McHugh (Sister)
(Address) 1218 N. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12/9/ 1935

19. UNDERTAKER J. J. Feeley & Sons
(Address) 1300 Light St.

20. FILED ... D., 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	
Other contributory causes of importance: Bronchial pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schamberger, M. D.
Coroner

(Address) 1919 E. North Ave.

M. 18370 ✓ F 18370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Lavinia Beall Offutt

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 16, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockville Maryland

FATHER

13. NAME John W. Offutt

14. BIRTHPLACE (city or town) (State or country) Rockville Md.

MOTHER

15. MAIDEN NAME Mary E. Beall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mary D. Offutt

(Address) 2402 Fern Oak Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 12/9 . 1935

19. UNDERTAKER Henry H. Deales & Son

(Address) 5[illegible] N. Paca St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1933 to Dec. 6, 1935. I last saw her alive on Dec. 6, 1935. Death is said to have occurred on the date stated above, at 1.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Myocarditis	
Diabetes Mellitus	
Other contributory causes of importance: Coronary thrombosis	1935

Name of operation ..... Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. Hanford Hopkins M. D.

(Address) 214 Med Art Bldg

18371 F 18371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4502 Elsrode ave. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Veteran mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Hoerder

(a) Residence: No. 4502 Elsrode ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Walch

6. DATE OF BIRTH (month, day, year): May 20th 1871

7. AGE: Years 64 | Months 6 | Days 16 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Life Insurance Co

10. Date deceased last worked at this occupation (month and year): 1071

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Coldlentz Germany

13. NAME (FATHER): William Hoerder

14. BIRTHPLACE (city or town) (State or country): Coldlantz Germany

15. MAIDEN NAME (MOTHER): Katherine Leutenbach

16. BIRTHPLACE (city or town) (State or country): Coldlantz Germany

17. INFORMANT: Mrs. Annie Hoerder

(Address) 4502 Elsrode ave.

18. BURIAL, CREMATION, OR REMOVAL: Parkwood Cemetery DEC. 9th 35

19. UNDERTAKER: Frederick Funeral Home

(Address) 1401 Edmondson Ave

20. FILED DEC 9 1935 Reg. Asst.

CC - 1535

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 6th 35

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 32 to Dec 6th 35.

I last saw him alive on Dec 6th 35 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset 1932

Other contributory causes of importance:

Chronic Bronchitis 1932

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. L. Gordy, M. D.

(Address) 5106 Harford Rd

M. D. B. 1268-9

✓ F 18372

18372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 3910 Chesley Ave

CITY OF BALTIMORE: (No. 3910 Chesley Ave St., Overlay 5 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Emma Augusta Tallman

(a) Residence: No. 3910 Chesley Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Tallman

6. DATE OF BIRTH (month, day, year) April 16 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas. L. Swanberg

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Emma Swanberg

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT C. L. Swanberg
(Address) 3910 Chesley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Pinewood Cemetery Date Dec. 11 1935

19. UNDERTAKER Frederick Lancaster & Sons
(Address) 7401 Belair Road

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec 8 35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 . 1935. to Dec ... 19..
I last saw her alive on Dec 9th . 1935. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bi Lateral Peri Tonsillar Abscess

Other contributory causes of importance:

Myocarditis

Nov

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Eldred Roberts . M. D.

(Address) 6206 York Road

H. D. B. 1268-9

18373 F 18373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 Weber St. St., 24 Ward)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Hyson.

(a) Residence: No. 120 Weber St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Charles Hyson.

7. DATE OF BIRTH (month, day, year) July 14, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Sudbrook.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Anna Corney.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles Strott. (brother)

(Address) 120 Weber St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Dec 9. 1935

19. UNDERTAKER Edward Evans

(Address) 1900-02 E. Chase St

FILED Dec 9 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto Kurtzenknabe, M. D. Coroner

12/7/35 (Address) 1017 N. Charles St.

18374 F 18374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Caroline St., 3 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Flaxer

(a) Residence: No. 213 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Shifra Mary Flaxer

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Second Hand Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 y

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Flaxer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sophia Mrs. Flaxer
(Address) 213 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Hevra Date 12-8- 1935

19. UNDERTAKER Jacob Louis Lee
(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1935 to Dec. 8. 1935

I last saw h[illegible] alive on Dec 7/ 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Dec 7/35
Bronco - Pneumonia	Dec 6/35
Other contributory causes of importance: Diabetes	Long time

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Aut. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Rios M. D.

(Address) 24 Lombard

18375 E 18375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Nathan Joseph Levy

(a) Residence: No. Sinai Hospital St., 906 Augusta St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced: Single

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Married

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 27; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles Levy

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Jennie Blum

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Charles Levy

(Address) 906 Augusta St

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Washington Rd Date 12/8/35

19. UNDERTAKER: Jack Levin Inc

(Address) 1439 E. Baltimore St.

20. FILED ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1935 to Dec 8, 1935

I last saw him alive on Dec 8, 1935 Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset .....
Arteriosclerosis — Date of onset .....
Cardiac D + D — Date of onset .....
Uremia — Date of onset .....

Other contributory causes of importance:

Tuberculosis
Anemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph B Sinsheimer M. D.

(Address) Sinai Hospital

✓ F 18376

18376

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME William [redacted] Wilson

(a) Residence: No. 727 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/18/71

7. AGE — Years: 64 | Months: 2 | Days: 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bo. R.R.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Saloon
10. Date deceased last worked at this occupation (day, month and year): 9 yrs
11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: Louis Wilson
14. BIRTHPLACE (city or town) (State or country): Denmark.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Patient.
(Address) 727 Carroll St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Dec 9th, 1935

19. UNDERTAKER: Towell & Byrne Inc.
(Address) 1017 W. Cross St.

FILED DEC 9 1935 Price ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/19, 1935 to 12/6, 1935
I last saw him alive on 12/6, 1935. Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	from Oct. 1935
Myocardial Insufficiency	

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. L. de Lautelle M. D.
(Address) Baltimore City Hospitals.

18377 ✓ F 18377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 705 Woodington Road St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Grandy
If U. S. Veteran specify WAR

(a) Residence: No. 705 Woodington Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of Late Henrietta W. (Nee Bopp)

6. DATE OF BIRTH (month, day, year) March 2, 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman Cabinet
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Maker Pa. R.R.
10. Date deceased last worked at this occupation (month and year) 8 yrs, ago
11. Total time (years) spent in this occupation 0814

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Grandy
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick J. Grandy
(Address) 705 Woodington Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/9/35. 19

19. UNDERTAKER F. Smith & Son
(Address) 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 . 1935 to Dec 6 . 1935
last saw h— alive on Dec 5 . 1935 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/5/35
Interstitial Nephritis	Nov
Arteriosclerosis	

Other contributory causes of importance:
Senility

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) W. W. Sykes M. D.
(Address) 616 Woodington Rd.

F 18378

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18378

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2526 W. Lanvale St. St., 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas E. Lambert

(a) Residence: No. 2526 W. Lanvale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. Lambert

6. DATE OF BIRTH (month, day, year) June 25, 1888.

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
	47	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Repair Shop

10. Date deceased last worked at this occupation, (month and year) Dec. 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Lambert

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Neal

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Mary K. Lambert 2526 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/9/35 19

19. UNDERTAKER (Address) Harry A. Nitzke 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 6 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1933 to 12 - 6 1935

I last saw him alive on 12 - 5 1935 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Hypertension	?
Other contributory causes of importance:	
Diabetes	?

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Thomas B. Schreiber, M. D.

(Address) 3912 Resperstown Rd.

F 18379

18379 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME John T. Kelly

(a) Residence: No. 6 Shipley Ave Catonsville St., ... Ward. Maryland (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster County Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Ewa Washington

(Address) Pine ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 12/9 1935

19. UNDERTAKER Payne & Waters

(Address) 213 N. Eutaw St.

Registrar

FILED DEC 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-2 1935, to 12-5 1935

I last saw h alive on 12-5 1935. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Renal Disease — Date of onset

Other contributory causes of importance: Emphysema

Was an operation performed? yes Date of 10-2-35

For what disease or injury? Emphysema

Name of operation Rib Resection Date of 10-3-35

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) Provident Hospital

M. D. B. 1268-9

✓ F 18380

18380 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 506 N. Eutaw St. 17 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Elizabeth Carroll

(a) Residence: No. 506 N Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Carroll

6. DATE OF BIRTH (month, day, year) Dec. 28, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	79	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila., Penna

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Phila. Penna.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frederick Simonds

(Address) 506 N Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/9, 1935

19. UNDERTAKER Henry Rentzel & Co

(Address) Eutaw & Mulberry Sts

20. FILED ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Dec 7, 1935

I last saw her alive on Dec 5, 1935. Death is said to have occurred on the date stated above, at 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) V. J. Trunbo M. D.

(Address) 1125 Eutaw St

Grace R Cover

F 18381 ✓ F 18381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 129

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. 33rd and St. Paul St.s 17 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 22 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Loring Andrews Cover (Grace)
(a) Residence: No. Garrison, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. Loring A. Cover

6. DATE OF BIRTH (month, day, year) May 29, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carlisle Pennsylvania

FATHER
13. NAME Milton C. Hayman
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Mary Jane Bailey
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Loring A Cover Jr.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Winchester Va Date Dec 9 1935
Kenworth Sporting Goods Co
McCulloch Undertaking Co

19. UNDERTAKER
(Address)

20. FILED Dec 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1935 to Dec. 6, 1935
I last saw h.. alive on Dec. 6, 1935 Death is said to have occurred on the date stated above, at 4 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-abdominal abscess	4-30-35
Hemorrhage into gastro-intestinal tract	12-6-35
Hypertension and arteriosclerotic heart disease	many years
Post-encephalitic Parkinson's syndrome	1925

Other contributory causes of importance:

Was an operation performed? yes Date of 12-5-35
For what disease or injury? Intra-abdominal abscess.
Name of operation Exploratory laparotomy & drainage of intra-abdominal abscess Date of Dec 5, 1935
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Henrie E. Mast M. D.
(Address) Union Memorial Hospital

F 18382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leroy Robinson or Smith (Father Louis Smith)

(a) Residence: No. 772 Bradley St., ... Ward. 5B.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 11, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillian Robinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lillian Robinson

(Address) 772 Bradley St.

18. BURIAL—CREMATION, OR REMOVAL: Place Johnson's Cem. Date Dec. 10th 35 19

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Broadway

20. FILED 19 ... Registrar.

DEC 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-2-1935 to 12-5-1935

I last saw him alive on 12-5-1935. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Unknown — Date of onset

Other contributory causes of importance:

Operation - Herniaplasty.

Was an operation performed? Yes. Date of 12-2-35

For what disease or injury? Umbilical hernia

Name of operation Mayo Umbilical herniaplasty Date of 12-2-35

What test confirmed diagnosis? Yes at Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Freiman M. D.

(Address) University Hospital

AaCo. 5-31 250B

F 18383

HEALTH DEPARTMENT—CITY OF BALTIMORE

18383

CERTIFICATE OF DEATH

✓ 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Russell St., 21 Ward)

Length of residence in city or town where death occurred 37 yrs. 8 mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nellie Thompson.

(a) Residence: No. 1116 Russell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 1 1848

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	37	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Sept Monroe.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Clark.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Annie Brown
(Address) 1116 Russell

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 12/9/35 19...

19. UNDERTAKER Isaac E. Brown & Son
(Address) 1516 Montpelier St

20. FILED DEC 9 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935 to Dec 6, 1935

I last saw her alive on Dec 6, 1935 death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	
6 days	

Other contributory causes of importance:

Name of operation none. Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No, so specify ...

(Signed) David Frankel M. D.

(Address) 1722 Eutaw

F 18384

18384

HEALTH DEPARTMENT—CITY OF BALTIMORE

● CERTIFICATE OF DEATH V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 Arlington Ave St., 18 Ward)

Length of residence in city or town where death occurred 75 yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Molinaux

(a) Residence: No. 519 Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6a. If married, widowed, or divorced (or) WIFE of Daniel Molinaux

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Susie Campbell daughter
(Address) 519 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 9 1933

19. UNDERTAKER James A Stamper
(Address) 142 W Fayette St

DEC 9 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1933, to Dec 6, 1933

I last saw her alive on Dec 5, 1933. Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

Mitral insufficiency and myocarditis — Date of onset about 1933

Other contributory causes of importance: Interstitial Nephritis Arteriosclerosis — about 1930

Rectal Stricture

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. D. Young M. D.

(Address) 1429 Eutaw St

F 18385

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18385

CERTIFICATE OF DEATH

V 79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital | 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Wesley Payne

(a) Residence: No. 1411 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sadie Crawley

6. DATE OF BIRTH (month, day, year) Aug 9 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge Md

FATHER

13. NAME Benjamin Payne

14. BIRTHPLACE (city or town) (State or country) Baltimore Co.

MOTHER

15. MAIDEN NAME Lydia Wesley

16. BIRTHPLACE (city or town) (State or country) Howard Co.

17. INFORMANT Brother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge Md. Date 12/11/35

19. UNDERTAKER Undertaker Gaddis

(Address) 2101 N. Gilmor St.

20. FILED Dec 11 1935 Registrar

CG-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1935 to Dec 8, 1935

I last saw him alive on Dec 8, 1935 Death is said to have occurred on the date stated above, at 2.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus meningitis	12/1/35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Schriver (Ker) M. D.

(Address) Sydenham Hospital

F 18386

18386 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp St. 13-8 Ward)
Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Robert Stricklin
(a) Residence: No. 1536 Baltimore St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Margaret Stricklin

6. DATE OF BIRTH (month, day, year) Sept 5, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Stricklin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Masenheimer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret Stricklin
(Address) 1536 Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Green Mount Cem. Date Dec 9, 1935

19. UNDERTAKER Edelmann & Son.
(Address) 3615-17 Eastern Ave

DEC 9 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6-35

22. I HEREBY CERTIFY, That I attended deceased from 11/13/35, 19 ..., to 12/6/35, 19 ...
I last saw him alive on 12/6/35, 19 ... Death is said to have occurred on the date stated above, at 10:42 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio vascular renal disease	1933

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. P. Stephens, M. D.
(Address) Md. Gen. Hosp.

M. D. No. 18387 E 18387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward 17)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eleanora Hildebrandt

(a) Residence: No. 2200 N.Calvert St. St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edwin Hildebrandt

6. DATE OF BIRTH (month, day, year) Oct 12.1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Eleanora Beauchamp

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Leah E.Hildebrandt

(Address) 2200 N.Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 9.1935

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED DEC 9 1935

CG-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7.1935 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset .....
Arterio sclerosis

Other contributory causes of importance:

Hypertension Heart disease

Was an operation performed? Date of .....

For what disease or injury?

Name of operation Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. H. Hedrehard Coroner, M. D.

(Address) 850 W. 36th. St.

F 18388 F 18388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 22 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Adele Seibert

(a) Residence: No. Hopkins apts. St. Paul 731 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walton R. Seibert

6. DATE OF BIRTH (month, day, year) Sept 5. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Co. Pa.

FATHER

13. NAME Julius Effley

14. BIRTHPLACE (city or town) (State or country) York Co Pa.

MOTHER

15. MAIDEN NAME Margaret Emmert

16. BIRTHPLACE (city or town) (State or country) York Co. Pa.

17. INFORMANT Walter E. Seibert

(Address) East Orange N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 9. 1935

19. UNDERTAKER John O. Mitchell Sons

(Address) 1905 Eutaw Place

20. FILED ..... 19 .....

DEC 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-1 . 1935 to 12-6 . 1935

I last saw her alive on 12-6 . 1935. Death is said to have occurred on the date stated above, at 11:35 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? Yes Date of 12-28-34

For what disease or injury? Carcinoma of Rectum

Name of operation Colostomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. P. Stafford M. D.

(Address) Vice-Pres Hop.

F 18389

F 18389

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Div. St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Poznanak

(a) Residence: No. 265 Hudson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	5	24/25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Frank Poznanck

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Margaret Ligowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Date 12/10 35 19

Place Holy Rosary

19. UNDERTAKER Jos. J. Kruda (Address) 288 Hudson St

20. FILED DEC 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 — 35

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1935, to December 7, 1935

I last saw h in alive on December 7, 1935 Death is said to have occurred on the date stated above, at 1 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Pulmonary Tuberculosis	1930
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lew H. Feldman M. D.

(Address) Balto. City Hospitals

Spec.—1-10-21—M&T—1500 Blks.

F 18390

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18390

✓ 92-a

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1321 Ethney St., 17 Ward)

2-FULL NAME Charles Augustus Pollard

(a) RESIDENCE No. 1321 Ethney St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie Lenora Pollard

6 DATE OF BIRTH (month, day, and year) Aug 25, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	12 11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work... Porter 0073
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B. & O. R.R.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Pollard

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Indies

12 MAIDEN NAME OF MOTHER Julia Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Lillie Pollard (Address) 1321 Ethney St.

15 Dec 8 - 1935, 19 Hampton S. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12, 6 1935

17 I HEREBY CERTIFY, That I attended deceased from 12-3, 1935, to 12-6, 1935, that I last saw h/M alive on 12-6, 1935, and that death occurred, on the date stated above, at 10.0P m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Decompensation + Exhaustion
(duration) yrs. mos. 02 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical Examination

(Signed) H. J. Hughes, M. D.

12/7, 1935 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Dec 9th 1935

20 UNDERTAKER Archibald A. Luckett — ADDRESS 2017 Pulaski

TION is very important See instructions on back of certificate.

F 18391

F 18391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 81

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves.) St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rev. William Likely C. M.

(a) Residence: No. St. Agnes Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT St Agnes Hospital
(Address) Caton & Wilkins Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Germantown Pa. Date Dec. 9 1935

19. UNDERTAKER Martin Parlor Funerals
(Address) 1827 N. North Ave.

20. FILED ..... 19 ..... Registrar

DEC 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 1928 to Dec. 8 1935

I last saw him alive on Dec. 8 1935 Death is said to have occurred on the date stated above, at 4.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis (Exacerbation)	1 Wk.
Staphylococcus of bladder	3 Wks.

Other contributory causes of importance:

Pernicious Anemia	10 yrs.
Spinal Cord Anemia	6 yrs.
Paraplegia of Legs	1 yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Damian P. Glogia M. D.

(Address) 332 Fordham St

M. D. P. 1268-9

18392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18392

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear of 28 E. Hughes St. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 64 yrs. ---- mos. ---- ds.

2. FULL NAME Theadore Pantazkos.

(a) Residence: No. 1028 Patapsco St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXXX Mary Pantazkos.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peanut vender.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparta Greese.

13. NAME Peter Pantazkos.

14. BIRTHPLACE (city or town) (State or country) Greese.

15. MAIDEN NAME Delie ----------

16. BIRTHPLACE (city or town) (State or country) Greese.

17. INFORMANT Louis Pantazkos. (son)

(Address) 1028 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Middlerow Date 12/9/35

19. UNDERTAKER J. Georgis Ruzz

(Address) Mortimmater

FILED 12-9-1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto C. Leinhardt, M. D. Coroner

12/7/35 (Address) 1017 E. Charles St.

F 18393 F 18393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 Winston Ave, 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? 43 yrs. 4 mos. 20 ds.

2. FULL NAME William Charles Siegman If U. S. Veteran specify WAR NONE

(a) Residence: No. 321 Winston Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race.	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Jane Siegman

6. DATE OF BIRTH (month, day, year) July-17-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	43	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerical-ele-

10. Date deceased last worked at this occupation (month, day, year) Aug-26-1935

11. Total time (years) spent in this occupation 10 years

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Siegman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine Freitag

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. W. C. Siegman (wife)

(Address) 321 Winston Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec-10 1935

19. UNDERTAKER Stewart Mort. Co.

(Address) 108 Worthington

FILED 9-1935 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1932 to DEC 7 1935

I last saw h.. alive on December 7 1935 Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb. 1932
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Carlos C. Jaggard M. D.

(Address) 2229 Eutaw Place.

18394 F 18394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Goodale Rd St., 27 Ward)

Length of residence in city or town where death occurred 22 yrs. 5 mos. 24 ds. How long in U. S. If of foreign birth 22 yrs. 5 mos. 24 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Lawrance Cecil Smith

(a) Residence: No. 211 Goodale Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): June 14 1913

7. AGE: Years 22 | Months 5 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: J Cecil Smith

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Grace L Flemmick

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Mrs J Cecil Smith (mother) 211 Goodale Rd.

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Date Dec 9 1935

19. UNDERTAKER (Address): Stuart Mortuary 108 W Mulberry St.

20. FILED DEC 9 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/6, 1935, to 12/8, 1935

I last saw h[illegible] alive on 12/8, 1935. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 12/6/35

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Hans Russell, M. D.

(Address) 540 E Fayette St.

18393 F 18395
30639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-131

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hannah Harvey

(a) Residence: No. 1728 Llewellyn Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tillman

6. DATE OF BIRTH (month, day, year) 5-12-86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car

FATHER

13. NAME Windsor Watson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Chaney Harvard

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 12/11 19 35

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1935 to Dec 7, 1935

I last saw her alive on Dec 7, 1935 Death is said to have occurred on the date stated above, at 9:35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic; Hypertension; Hypertensive heart disease; Vascular nephritis	1932 ?
	NW

Other contributory causes of importance:

Thrombosis right renal artery	?
Syphilis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw Brossman M. D.

(Address) The Johns Hopkins Hospital

F 18396

F 18396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 N. Appleton St. 15 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 27 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Isreal Schmauch

(a) Residence: No. 1515 N Appleton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rebecca Hoffman

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 60; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ellis Schmauch

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ellis Schmauch

(Address) 2318 Elgrola 8.0 May.

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Date 12/9/35, 19

19. UNDERTAKER Jacob Levin Son

(Address) 1437 E. Baltimore St.

FILED 12-9-1935, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1935 to Dec 8, 1935

I last saw him alive on Dec 7, 1935 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 1935

For what disease or injury? Carcinoma stomach

Name of operation Gastrostomy Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Louis T. Levy M. D.

(Address) 1844 W. North ave.

F 18397

F 18397

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-a

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2904 Hillsdale Ave (St.) 15 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kalman Flaks

(a) RESIDENCE. (No.) 2904 Hillsdale Ave (St.) (Ward.)

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rose

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 69 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motion picture

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Israel Moses Flaks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Leah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Morris Flaks 2802 Rockrose Ave

15 Filed: 9-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 9 1935

17 I HEREBY CERTIFY, That I attended deceased from November 7 1935 to Dec. 9 1935, that I last saw him alive on December 9 1935, and that death occurred, on the date stated above, at 2.10 a.m.

The CAUSE OF DEATH* was as follows: Chronic myocarditis

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) 2 Chronic endocarditis-Mitral insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) B. M. Bergman, M. D.

(Address) 3455 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: Dec 9 1935

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E. Baltimore St

18398 Brennan 18398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-D

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto City Hospitals (St.) ..... (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME John Brennan
(a) Residence: No. 6502 Riverview Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-23-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

FATHER
13. NAME John Brennan
14. BIRTHPLACE ~~(city or town)~~ (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Caneey
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Balto City Hospitals
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Dec 10, 1935

19. UNDERTAKER John A. Moran
(Address) 3000 C. Belair

FILED 19 Registrar

C9 " 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-15 . 1935 to 12-7 . 1935
I last saw him alive on 12-6 . 1935 Death is said to have occurred on the date stated above, at 1:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Jaw	2 yrs
Secondary anemia ?	?
Inanition.	?

Other contributory causes of importance:

Was an operation performed? none Date of .....
For what disease or injury? .....
Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt J. Mantin M. D.
(Address) Balto City Hospitals

M. D. B 1268-9

18399

HEALTH DEPARTMENT—CITY OF BALTIMORE

18399

CERTIFICATE OF DEATH

180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (St.) 17 (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herbert Howard

(a) Residence: No. 1121 Argyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Howard

6. DATE OF BIRTH (month, day, year) Sept 25-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	1+	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.D.?

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Howard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Auburn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Howard - (Address) 715 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Am Date 12/9/35

19. UNDERTAKER Bernard P. Hensley (Address) 818 Druid Hill Ave

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	11/23/35
Other contributory causes of importance: Multiple 2nd & 3rd degree burns face & body.	11/23/35

Was an operation performed? Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed Complication? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury 11-23, 1935

Accident, suicide, or homicide?

Where did injury occur? 1121 Argyle Ave Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Accidental fell against hot radiator

Nature of injury 2nd & 3rd degree Burns

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leo. S. Gallagher M. D.

(Address) 850 Eutaw St.

Dec 10 1935

M. D. B 1268-9

18400 HEALTH DEPARTMENT—CITY OF BALTIMORE 18400

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4020 Ridgecroft Rd St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Mutton A. Rayne

(a) Residence: No. 4020 Ridgecroft Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katie L. Rayne

6. DATE OF BIRTH (month, day, year) June 25 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman - Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME William A. Rayne

14. BIRTHPLACE (city or town) Balto
(State or country) Md.

MOTHER

15. MAIDEN NAME Margaret A. Snow

16. BIRTHPLACE (city or town) Balto
(State or country) Md.

17. INFORMANT Katie L. Rayne
(Address) 4020 Ridgecroft Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Pinewood Cem Date Dec 10 1935

19. UNDERTAKER George W. Zibler
(Address) 1737 E. Eager St

20. FILED DEC 9 - 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul [illegible] M. D.
Coroner

(Address) 1919 E. North Ave

18401 F 18401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3012 Baynne St., 21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Henry Vogts

(a) Residence: No. 3012 Baynne Ave. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta C. Vogts

6. DATE OF BIRTH (month, day, year) Aug 16 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watch Case Mfg

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Vogts

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Berkley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Augusta Vogts
(Address) 3012 Baynne Ave

18. BURIAL, CREMATION, OR REMOVAL Date Dec 10, 1935
Place Lakewood Cem.

19. UNDERTAKER J. Hennessey Inc
(Address) 32 S. Broadway

20. FILED ... 19 ... Registrar.

DEC 7 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1935 to Dec 7 1935

I last saw him alive on Dec 3 1935 and he died Dec 7 1935. Death is said to have occurred on the date stated above, at 10:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hemiplegia (coronary)	Dec 5th
Other contributory causes of importance: Cardiac Nephritis	?

Was an operation performed? ... Date of ...

For what disease or injury? ... Date of ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) L. H. Meyer Jr M. D.

(Address) 1500 E. 33rd St.

M. D. B 1269-9

18402 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 18402

CERTIFICATE OF DEATH

1941-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 South Stricker St. 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Christian Wolf

(a) Residence: No. 303 South Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Wolf

6. DATE OF BIRTH (month, day, year) April 9th. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Edward Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Carken

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Katie Wolf

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Md. Date Dec 9 1935

19. UNDERTAKER John C Miller

(Address) 2435 E Lanvale St

DEC 9 - 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6th-35 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation caused by obstruction of intubation tube in treache,	
Other contributory causes of importance: Carcinoma in throat.	

Was an operation performed? Yes Date of July 6-35

For what disease or injury? Carcinoma of throat Date of 7.6.35

Name of operation

What test confirmed diagnosis? Cancer Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental injury . 19

Where did injury occur? Between 8 P.M. & 10 P.M.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Obstructed of intubation tube.

Nature of injury Suffocation

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Thos H. Phillips Coroner M. D.

(Address) 1930 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 18403

F 18403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Lennox St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 78 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? 78 yrs. 2 mos. 0 ds.

NO WAR SERVICE.

2. FULL NAME Mary C. Bittof.

(a) Residence: No. 614 Lennox St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Bittof

6. DATE OF BIRTH (month, day, year) Oct 7-1857

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Palmer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miss Peltz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lilda Foerderer daughter

(Address) 614 Lennox St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Dec 10 1935

19. UNDERTAKER Jos Foerderer Son

(Address) 2175 Eutaw St. Lilda Foerderer

20. FILED Dec 10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7/35 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1/35 19 to Dec 7/35 19

I last saw her alive on Dec 6/35 19 Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Paralysis	Dec 1/35
Other contributory causes of importance:	
arterio-Sclerosis	1928
Hypertension	1928

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wells S. Hurst M. D.

(Address) 2220 Garrison Blvd

M. D. B 1268-9

F 18404

18404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cherry Hill Rd. near Westport. St., 25 Ward)

Length of residence in city or town where death occurred 56 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Henry Wittig.

(a) Residence: No. Green Haven A.A.Co. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If XXXXX widowed, of XXXXXX HUSBAND of XXXXXXXX Kate Wittig.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55 56	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard Wittig.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Weber.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John H. Wittig. (brother)
(Address) 1746 Bank St.

18. BURIAL, CREMATION, OR REMOVAL Place Schwartz Date Dec. 12, 1935

19. UNDERTAKER Lilly & Brune
(Address) 1050 E. Lin[illegible]

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Otto M. Einhard M. D. Coroner

12/7/35 (Address) 1017 E. Charles St.

M. D. B. 1938-9 18405 F 18405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cassandra Street

(a) Residence: No. Street, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Street

6. DATE OF BIRTH (month, day, year) Dec 25, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc home

10. Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

13. NAME Mrs Lady

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

15. MAIDEN NAME Cassandra Cain

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cokesbury Md Date Dec 11, 1935

19. UNDERTAKER H. Howard Shue

(Address) Bel Air Md

20. FILED Dec 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	7
Other contributory causes of importance: Bronchopneumonia	12/4/35

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. Bladen Lowe, M. D. Coroner

(Address) Bel Air Md

M. D. F. 2768

F 18406

F 18406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

520

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Aisquith St., 10 Ward)

Length of residence in city or town where death occurred 51 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sr. M. Theophilus Kuchter.

(a) Residence: No. Convent Notre Dame St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 16-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Notre Dame

10. Date deceased last worked at this occupation (month and year) 6068

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ignatius Kuchter

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Magdalen Schulz

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Sister Notre Dame 901 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Ch Cliff Date Dec 10th 1935

19. UNDERTAKER Geo M. Fuller Son
(Address) 811 N Howard St

20. FILED ..... 19..... Registrar.

DEC 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1935 to Dec. 7th 1935

I last saw h e alive on Dec. 6th 1935 Death is said to have occurred on the date stated above, at 11.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma, right	Jan 1935
Other contributory causes of importance: Abdominal & thoracic metastasis of Hypernephroma	Aug 1935

Name of operation Right Nephrectomy Date of Jan 7 35

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) William P Geraghty M. D.

(Address) 10 E Biddle St

M. D. B 1268-9

18107 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18107

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No 339 Forrest St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maybell

6. DATE OF BIRTH (month, day, year) May 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe shiner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Samuel Stewart

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emma Slater

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Maybell Stewart

(Address) 922 Shields Place

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date Dec 2 1935

19. UNDERTAKER Kenworthy Bell & Brune Funeral Home

(Address) 910 Druid Hill Ave

20. FILED DEC 5 1935

21. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	

Other contributory causes of importance:

hemorrhage from pulmonary oedema

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. W. Wright, M. D.

(Address) 1010 S Bethel Ave Coroner

M. D. P 1265-9

✓ F 18408

8408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Bank St. St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Angelina De Santis

(a) Residence: No. 3403 Bank St., Ward. 26
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 7 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mozzano Italy

FATHER

13. NAME Giovanni Ottoni

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angela Rosa Rendine

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Beatrice Martin
(Address) 3403 Bank St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer C. Dec. 10 1935
Place Date 19

19. UNDERTAKER Frank Della Rose
(Address) 52 N Morley St

20. 1935 Huntington Ave
(Signed) 4 Sheffield Rd. Registrar

IF U.S. VETERAN SPANISH WAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935 to Dec 7, 1935.

I last saw her alive on Dec. 6 1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Frances B Sullivan M. D.

(Address) 318 S. Highland Ave

✓ F 18409

18409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 3 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Chambers

(a) Residence: No. 237 S. Dallas st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13, 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Hopp Chambers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anne Wilson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Dec. 9 1935

19. UNDERTAKER Wendell Dupuy
(Address) 1422 Linden Ave.

FILED 9 1935 Hunting Fun. Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1935 to November 30, 1935

I last saw him alive on November 30, 1935 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Karfgin M. D.

(Address) Baltimore City Hospitals

F 18410 Suit ✓ F 18410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hosp.tal St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Suit

(a) Residence: No. 1101 S. Kenwood St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Suit

6. DATE OF BIRTH (month, day, year): May 30/1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	6.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md.

FATHER
13. NAME: Michael Revers
14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Thomas Suit
(Address) 1101 S. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date Dec. 10" 1935

19. UNDERTAKER: Stephen J. Fialkowski Inc
(Address) 1000 S. Kenwood ave

20. FILED ... 19 ...

DEC - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from (8:45 a.m) Dec 5, 1935, to Dec. 6, 1935

I last saw her alive on Dec. 6, 1935 Death is said to have occurred on the date stated above, at 10 35 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset Dec. 4, 35
Cardiac failure
Pulmonary edema

Other contributory causes of importance:
Manic ana sara

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hosp.tal

18411

✓ F 18411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Lewis

(a) Residence: No. 401 N. Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry.

6. DATE OF BIRTH (month, day, year): 8/18/1902.

7. AGE: Years 33 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: King Williams

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Records Bldg.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Calvary cemetery Date Dec 9 . 1935

19. UNDERTAKER: Edw. Bryan
(Address) 1647 W Lexington St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/29 . 1935 to 12/2 . 1935

I last saw her alive on 12/2 . 1935 Death is said to have occurred on the date stated above, at 9:20 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis c uremia — Date of onset 4 mo.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

F 18412

M. D. F. 1260

✓ F 18412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 Washington Blvd St., 21 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Margaret English

(a) Residence: No. 1142 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Patrick English

6. DATE OF BIRTH (month, day, year) Aug 10 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME William Stewart

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Fannie Johnson

16. BIRTHPLACE (city or town) (State or country) Richmond, Va

17. INFORMANT Mrs. John English (Address) 1142 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date 12/8/35

19. UNDERTAKER John J. Cowan & Son (Address) 1911 Eutaw St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/35

22. I HEREBY CERTIFY, That I attended deceased from 12-5-35 to 12-8-35. I last saw h alive on 12-8-35. Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	12-4-35
Arteriosclerosis	
Chronic Myocarditis	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date

What test confirmed Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

M. D.

(Address) 1112 Madison Blvd

OCCUPATIONS IS VERY IMPORTANT

M. D. B 1268-9

18413 Sewer 19-

18413 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found in B.& O.Scow at

CITY OF BALTIMORE: (No. Pier 10 Locust Point St., 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown.(C)

(a) Residence: No. Do not know. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	----------	----------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do not know.

10. Date deceased last worked at this occupation (month and year) Do not know.

11. Total time (years) spent in this occupation Do not know.

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Dec 9 1935

19. UNDERTAKER [illegible] Health
(Address)

20. FILED Dec 9 1935 [illegible] Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found November 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

12/2/35 Signed [signature] M. D. Coroner
(Address) 1017 E. Charles St.

M. D. B 12[illegible] E 18414 ✓ F 18414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Malone

(a) Residence: No. 404 Eislan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) NotKnown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 9 . 1935

19. UNDERTAKER [illegible]
(Address)

20. FILED ... 19... [illegible] Registrar.

1923 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1935 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... . 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.

(Address) 8737 W. Monument St Coroner

OCCUPATION IS VERY Important

M. D. B. [illegible]

F 18415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18415

34-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Duvall

(a) Residence: No. 315 N. Schroeder St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 607

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Dec 7 . 19 35

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) Dec (day) 3 (year) 1935 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphelitic Aortitis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19 .....

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. R. C. Jackson M. D.
Coroner

(Address) 873 N. Mont

OCCUPATION is very important. See instructions on back.

M. D. P. 1269-9

8416

E 18416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Collins

(a) Residence: No. 806 North Patterson Pk. Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret (Brown)

6. DATE OF BIRTH (month, day, year) February 11, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Collins

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sarah (Shadrick)

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Camilla Mulqueen

(Address) 806 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Cathedral Date 12/10/35

19. UNDERTAKER George J. Ruth Son

(Address) 1935 Madison Ave

20. FILED DEC 9 1935 (Registrar)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1935 to December 7, 1935

I last saw him alive on December 7, 1935. Death is said to have occurred on the date stated above, at 8:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Mulqueen, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

✓ F 18417

18417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hosp St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Bonhoff

(a) Residence: No. 1806 Arsenitte St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 2, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6 H	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Bonhoff

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Christine Bilz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sun Cathedral Date Dec 9 1935

19. UNDERTAKER George L. Lehnert.
(Address) 2101 Eutaw St.

20. FILED Dec 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935 to Dec 9, 1935

I last saw him alive on Dec 9, 1935. Death is said to have occurred on the date stated above, at 7 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Dec 2
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Mary Louise Newman M. D.

(Address) Baltimore Maryland

M. D. B 1268-9

F 18418

18418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 S. Macon St., 76 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Mary Evans

(a) Residence: No. 642 S. Macon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of A. Bruce Evans

6. DATE OF BIRTH (month, day, year) Feb 28 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	09	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Butler Pa

FATHER

13. NAME Robert Turnbull

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Hannah Peebles

16. BIRTHPLACE (city or town) (State or country) Butler Pa.

17. INFORMANT A. B. Evans

(Address) 2031 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Butler Pa. Date Dec 9th 1935

19. UNDERTAKER Leo G. Cook

(Address) 1705 N. Patterson Park Ave.

20. FILED Dec 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably cerebral apoplexy	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. W. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave.

M. D. B. 1268-9

E 18419

18419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Jackson St., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SARAH SHECKELS

(a) Residence: No. 1724 Jackson Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F. Sheckels

6. DATE OF BIRTH (month, day, year) Dec. 27th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Virginia

FATHER

13. NAME Mr. Lyons

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Emma Hatch
(Address) 1724 Jackson Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Dec. 11 1935

19. UNDERTAKER Joseph D. Cook
(Address) 1003 N. Gilmor St

20. FILED Dec 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1935 to Dec 8 1935

I last saw h alive on Dec 8 1935 Death is said to have occurred on the date stated above, at 6.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cerebral.	

Other contributory causes of importance:

Thrombosis	2 days

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Dec 13 1935

(Signed) R. E. L. Campbell M. D.

(Address) 1644 S. Hanover St.

OCCUPATION is very important. Be sure it is entered.

✓ F 18420

F 18420 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Belmont Ave St. 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary O'Brien

(a) Residence: No. 3016 Belmont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. O'Brien

6. DATE OF BIRTH (month, day, year) May 18, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Patrick Fogarty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Pender

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) John W. O'Brien 3016 Belmont Ave

18. BURIAL, CREMATION OR REMOVAL Place Cathedral Cem Date 12/10 1935

19. UNDERTAKER (Address) Margaret E. Flynn 2107 Hilton St.

20. FILED DEC 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feby 25 1935 to Dec 7 1935

I last saw her alive on Dec 6 1935. Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	7/25/35
Other contributory causes of importance: Myocarditis	11/30/35

Was an operation performed? No Date of -

For what disease or injury?

Name of operation - Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. A. O'Neill M. D.

(Address) 108 N Fulton Ave

M. D. B. 1268-9

F 18421

F 18421 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH CITY OF BALTIMORE: (No.) Jenkins Memorial Hospital 1000 Eaton Avenue (Ward) 1 2

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Anna Murphy

(a) Residence: No. 206 East 31st. Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Dugan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Jenkins Memorial Hosp 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date Dec 10 1935

19. UNDERTAKER Henry W. Meadows (Address) 205 N. Calvert Street

20. FILED DEC 10 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to December 8th 1935
I last saw ... alive on December 7 1935 Death is said to have occurred on the date stated above, at 2.55 P.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Hypertensive cardiovascular renal disease	?
Generalized arteriosclerosis	?
Cerebral hemorrhage (left)	1930
Cerebral hemorrhage (left)	12/7/35

Other contributory causes of importance:

Name of operation Cerebral Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl F. Mech M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 8 3

18122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Sanitarium Dr. Chapelgate Lane (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR none

2. FULL NAME Fay Starke
(a) Residence: No. 600 Chapel Gate Lane St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, ~~Married, Widowed or Divorced~~ (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 1893
7. AGE: Years 42 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Music Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nashville Tenn

MOTHER
13. NAME: Mrs Laura Starke.
14. BIRTHPLACE (city or town) (State or country): Hungary.
15. MAIDEN NAME: Mckenzie
16. BIRTHPLACE (city or town) (State or country): Utica. N.Y.

FATHER
Ray Barker.

17. INFORMANT: Mrs Fay Starke
(Address) 600 Chapel Gate Lane
18. BURIAL, CREMATION, OR REMOVAL: Place Miami, Florida Date 12/9 '35
19. UNDERTAKER: William Cook
(Address) 1217 St. Paul St
20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1935
22. I HEREBY CERTIFY, That I attended deceased from September 30 1931 to December 9 1935
I last saw her alive on December 5 1935. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis (infective	?
Septicaemia	Dec 4/35

Other contributory causes of importance:

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) W. Winterton Ford M. D.
(Address) 20 S. Hanover St Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

F 18423

18423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34E-82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 La Salle Ave 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J. Ritter Sr.

(a) Residence: No. 4208 La Salle Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Mary M. Ritter

6. DATE OF BIRTH (month, day, year): Aug. 1 1857

7. AGE: Years 60 | Months 4 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

13. NAME: Michael Ritter

14. BIRTHPLACE (city or town) (State or country): Germany

FATHER

15. MAIDEN NAME: Frances Schmidt

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mary M. Ritter

(Address) 4208 La Salle Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date Dec-11 1935

Place

19. UNDERTAKER: John C. Dilley

(Address) 2435 Huntington Ave

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1931 (1931) to Dec 10 1935

I last saw h (M) alive on Dec 8 1935 Death is said to have occurred on the date stated above, at 9:25 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis
Cerebral Hemmorhage

Date of onset

Other contributory causes of importance:

Syphylitic involvement of Spinal Cord & Brain

Was an operation performed? no Date of

For what disease or injury? none

Name of operation Cessation of Cardiac action Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter A. Anderson M. D.

(Address) 3001 Shannon Drive

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 18424

18424

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.
CITY OF BALTIMORE: (No. St. 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Manning

(a) Residence: No. Little Sisters of the Poor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~1867~~ 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 10 1935

19. UNDERTAKER Felix Wuchfeld & Sons
(Address) 914 Greenmount Ave

20. FILED Dec 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1935 to December 8, 1935
I last saw her alive on December 8, 1935 Death is said to have occurred on the date stated above, at 5:43 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Arteriosclerosis	
3. Apoplexy	12-3-35

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

V 6 3

Philip K. Shaner. ✓ F 18125

F 18125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 136-B

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip - K - Shaner — If U. S. Veteran specify WAR

(a) Residence: No. Greensburg Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Florence

6. DATE OF BIRTH (month, day, year) Oct 18, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Penn -

FATHER

13. NAME — H. H. Shaner

14. BIRTHPLACE (city or town) (State or country) — Penn -

MOTHER

15. MAIDEN NAME — Mollie Lesley Elliott

16. BIRTHPLACE (city or town) (State or country) — Penna

17. INFORMANT (Address) — JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greensburg Pa. Date Dec 9 1935

19. UNDERTAKER (Address) — Poland Mitchell & Sons 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar

DEC 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935 to Dec 9, 1935

I last saw him alive on Dec 9, 1935. Death is said to have occurred on the date stated above, at 3 35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritoneal Extravasation of Urine	Dec.
Uraemia	
Anuria	

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/2/35

For what disease or injury? BPH

Name of operation Transurethral Resection Date of 12/2/35

What test confirmed diagnosis? Clinical observation Was there an autopsy? Yes autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carl E. Burkland, M. D.

(Address) J. H. H.

OCCUPATION IS NOT IMPORTANT

18426 E.B.P.S.—400 lks

F 18426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

(Registered No.)

1-PLACE OF DEATH
City of BALTIMORE: (No.) 608 Augusta Ave., St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Ann Allenbaugh

(a) Residence No. 608 Augusta Ave St., Ward. No War Record
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, Divorced. (Write the word.): Widow

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of: —

6-DATE OF BIRTH (month, day and year): Dec. 21, 1862

7-AGE: 73 yrs. 11 mos. 18 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: unemployed
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md.

PARENTS

10-NAME OF FATHER: William H. Allenbaugh

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Ann Leedom

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14-(Informant): Clara V. Allenbaugh
(Address): 608 Augusta Ave.

15-
Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 9th/35

17- I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1931 to Dec. 9 1935.
that I last saw h[illegible] alive on Dec - 9, 1935
and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:
Edema of lungs

(Duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary): Diabetes Mellitis
(Duration) 10 yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? usual signs

(Signed) Geo. E. Wells, M. D.
, 19 (Address) 4100 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral
DATE OF BURIAL: Dec 12th 1935

20-UNDERTAKER: William Cook
ADDRESS: 1217 St. Paul St

M. D. H. 1268-9

F 18427

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18427

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4016 Massachusetts Ave (Ward) 50

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Harriet Myers

(a) Residence: No. 4016 Massachusetts Ave St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — WIFE of: William A. Myers

6. DATE OF BIRTH (month, day, year): Nov 2 1858

7. AGE — Years: 77 | Months: 9 | Days: 7 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dover Del

FATHER

13. NAME: Augustus White

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Whittington

16. BIRTHPLACE (city or town) (State or country): Del

17. INFORMANT (Address): Mrs Edward Simmons 1402 Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt Auburn Date: 12 11 1935

19. UNDERTAKER (Address): Wm Cook 1211 E Fayette St

19. FILED 19 Registrar.

DEC 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 9. 1935

22. I HEREBY CERTIFY, That I attended deceased from February 1934 to December 9 1935.

I last saw her alive on December 5 1935. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	1934
Hypertension	1934
Arterio Sclerosis general	1934
Multiple	1934

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis: Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 18428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence Smith

(a) Residence: No. 1032 Ridgely St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 21st 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Clarence Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ethel Cann

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Sidney Smith
(Address) 1032 Ridgely St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 10th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED DEC 10 1935 Registrar

OCCUPATION is very important. See instructions on back of certificate.

VS 2

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1935 to Dec 8, 1935

I last saw him alive on Dec 8, 1935. Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 wk prior
Other contributory causes of importance:	
	none

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William H. Neilson, M. D.

(Address) University Hospital

F 18429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18429

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 S Montford St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4-2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 44 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Tyma

(a) Residence No. 719 S Montford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Helen Tyma

6. DATE OF BIRTH (month, day, year) March 12-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER FATHER

13. NAME Matthew Tyma

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Maryanna ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Helen Tyma

(Address) 719 S Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem Date Dec 11 1935

19. UNDERTAKER George A Weber

(Address) 705 S Gay St

FILED DEC 10 1935, 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1935 to December 9, 1935

I last saw h— alive on December 5, 1935. Death is said to have occurred on the date stated above, at 10:05 A. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Myocarditis

Arteriosclerosis

Asthma

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Rawcroft M. D.

(Address) 2574 Eastern Ave

OCCUPATION IS VERY Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 18430

F 18430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Catherine J. Schellenberger

(a) Residence: No. 1509 N. Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Michael Schellenberger

6. DATE OF BIRTH (month, day, year) May 14, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52 51	7 6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME [illegible] Langhor

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miss Geller

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Louise Frank, Daughter

(Address) 4605 Ashbury Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Holy Redeemer Date Dec. 11 19 35

19. UNDERTAKER Henry Heuck & Son Inc.

(Address) 130 E. Eager St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8- 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-3- 1935 to 12-8- 1935

I last saw her alive on 12-8- 1935 Death is said to have occurred on the date stated above, at 8.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis with R. hemiplegia	3 wks

Other contributory causes of importance:

Chronic nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Murray Hirschstein, M. D.

(Address) Mercy Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 18431

F 18431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 E. Lanvale St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harold A. Mikesell

(a) Residence: No. 1404 E. Lanvale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virdie L. Mikesell

6. DATE OF BIRTH (month, day, year) November 30 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 53

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Daniel Mikesell

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Margaret Keller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Virdie L. Mikesell

(Address) 1404 E. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Dec. 11 19 33

19. UNDERTAKER Henry Knott Sons, Inc

(Address) 301 E. Eager St

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9 19 33

22. I HEREBY CERTIFY, That I attended deceased from Sick, 1933, to Dec 9, 1933

I last saw him alive on Dec 8 1933. Death is said to have occurred on the date stated above, at 3 20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?

Other contributory causes of importance:

Arteriosclerosis	?
Hypertension	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. M. C. Corbin M. D.

(Address) 114 Hanover

OCCUPATION is very important. See instructions on back of certificate.

E 52 3

F 18432

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18432

CERTIFICATE OF DEATH

Registered No. 126

1. PLACE OF DEATH Maryland General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles William Metzger

(a) Residence: No. 910 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 20, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mech.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va.

FATHER

13. NAME Wm Metzger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Teresa Bolster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 11 1935

19. UNDERTAKER John Ulrich
(Address) 200 E. Lanvale

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/1935

22. I HEREBY CERTIFY, That I attended deceased from 12/5, 1935, to 12/8/1935

I last saw him alive on 12/8, 1935 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis & Lithiasis and Jaundice	

Other contributory causes of importance:

Hypertension Cardio Vascular Disease	
Cerebral Hemorrhage	12/6/35

Was an operation performed? Yes Date of 12/6/35

For what disease or injury? Cholecystitis

Name of operation Cholecystostomy Date of 12/6/35

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Everett Wood M. D.

(Address) Md. Gen. Hospital.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 18433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18433

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 E Lanvale St., 8 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Street

(a) Residence: No. 2210 E Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo P. Street

6. DATE OF BIRTH (month, day, year) Aug 08 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo P Street

(Address) 2210 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date DEC 11 . 193

19. UNDERTAKER John Ulrich

(Address) 2005 Arlington

20. FILED DEC 10 1935 by L. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from September 27 . 1935 to December 8 1935

I last saw her alive on December 8 1935. Death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver and Gall Bladder	4 yrs
Other contributory causes of importance: Cachexia and Exhaustion	1 month

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Ehrlich M. D.

(Address) 2025 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. H. P. 1936 F 18134

F 18134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Poplar Terr St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Clementina Voigt

(a) Residence: No. 1005 Poplar Terr St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Peter Voigt

6. DATE OF BIRTH (month, day, year) Dec 12th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Bernard Debring

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Brandt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Elizabeth Voigt

(Address) 1005 Poplar Terr St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12 | 11 | 35 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2512 Edmondson Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 33 to Dec 8 1935

I last saw her alive on Dec 1, 1935 Death is said to have occurred on the date stated above, at 2a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	—
Other contributory causes of importance: Chronic Valvular Heart disease.	10 Yrs
Arterio-sclerosis	10 Yrs

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph N Zierler, M. D.

(Address) Mechanic and Eutaw Sts

OCCUPATION is very important. See instructions on back of certificate.

P-43

M. D. B. 1268-B

Bailey

18435 HEALTH DEPARTMENT—CITY OF BALTIMORE 18435

CERTIFICATE OF DEATH 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 North Ave. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth J. Bayley

(a) Residence: No. 1204 Myrtle Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Bayley

6. DATE OF BIRTH (month, day, year): 1885

7. AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Weatherly Va

FATHER

13. NAME: Zephiniah Tongue

14. BIRTHPLACE (city or town) (State or country): Ft Smith Va

MOTHER

15. MAIDEN NAME: Virginia Dix

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Chas. Cox (Address) 1204 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Weatherly, Pa. Date Dec. 10, 1935

19. UNDERTAKER: Tura Katz R. Williams (Address) 322 N. Schroeder St.

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1935 to Dec 7 1935

I last saw her alive on Dec 4 1935. Death is said to have occurred on the date stated above, at 4.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Stomach	11-30
Broncho Pneumonia	12-4

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. J. Wood M. D.

(Address) 861 Hanover St

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18436 F 18436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Calaway St., 15th Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 28 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Agnes Reiman Mohr

If U. S. Veteran specify WAR

(a) Residence: No. 3505 Calaway ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widow

6a. If ~~married, widowed, or divorced~~ (or) WIFE of Anton Mohr.

6. DATE OF BIRTH (month, day, year) June 10-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 12/8/35

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Gotthelf Reiman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Mielke

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs. Marion S. Howard
(Address) 3505 Calaway ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 12, 1935

19. UNDERTAKER Wm J Tipkemper & Sons
(Address) North & Penna. Aves

20. FILED 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8- , 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10- , 1935 to Dec. 8- , 1935

I last saw h[illegible] alive on Dec. 8- 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1930
Chr. Interstitial Nephritis	1930
Other contributory causes of importance:	
Colitis	1935

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Typical Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 N. Fremont Ave.

OCCUPATION is very important. See instructions on back of certificate.

18137 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 18137

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ✓ 23

CITY OF BALTIMORE: (No. Tuberculosis Division St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Norman

(a) Residence: No. 731 Wesche Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Robert Norman

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date Dec 10th 1935

19. UNDERTAKER Archibald L. Caddis
(Address) 2111 McCulloh St.

DEC 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30 1935 to Dec. 8 1935

I last saw her alive on Dec. 8 1935 Death is said to have occurred on the date stated above, at 7.03 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlson M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 18438

F 18438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N Eden St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Moses Duffin

(a) Residence: No. 410 N Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Duffin

6. DATE OF BIRTH (month, day, year) July 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Father Duffin

(Address) 410 N Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Dec 10 1935

19. UNDERTAKER Robt McElderry & Thomas J. Williams

(Address) 1515 McElderry St

Filed DEC 10 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1935 to 12-6 1935

I last saw him alive on 12-6 1935 Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 1 1935

Other contributory causes of importance

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.

(Address) 950 Linganore St

OCCUPATION is very important. See instructions on back of certificate.

F 18439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18439

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Mt Ridge) 23 Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Earl Mc Glotten If U. S. Veteran specify WAR

(a) Residence: No. 216 N. Durham St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 10, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Marylander

FATHER

13. NAME Andrew Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Esther Mc Glotten

16. BIRTHPLACE (city or town) (State or country) Marylander

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 11, 1935

19. UNDERTAKER Robert F. Williams
(Address) 515 McElderry St

Filed Dec 13, 1935 Registrar

DEC 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1935 to Dec. 7, 1935

I last saw him alive on Dec. 7, 1935 Death is said to have occurred on the date stated above, at 9 05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1935
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlgin, M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 18140

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18140

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Madison Ave St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. Life ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosie Parker

(a) Residence: No. 904 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Parker

6. DATE OF BIRTH (month, day, year) Oct. 12 - 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert Reed

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Gray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annie Hawkins (Sister)
(Address) 904 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date 12 - 11 - 1935

19. UNDERTAKER John M. Fortune
(Address) 1700 Eutaw Street W.

20. FILED DEC 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 8 - 35. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935 to Dec 8 1935

I last saw her alive on Dec 7 1935. Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	

Other contributory causes of importance: No Known

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

Whnt test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. A. Harlow M. D.

(Address) 710 S. Paca

State cause of death so that OCCUPATION is very important. See instructions on back of certificate.

F 18441

F 18441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Cassell

If U. S. Veteran specify WAR

(a) Residence: No. 2628 Loyola Southway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Benj E

6. DATE OF BIRTH (month, day, year): 1872

7. AGE: Years 63 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Sender —

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Abit Cassell
(Address) 232 Kentucky Ave S.E.

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Washington D.C. Date 12/10 19 35

19. UNDERTAKER: Sol Levinson & Bros
(Address) 1627 E. Baltimore St

20. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1935, to Dec. 9, 1935

I last saw her alive on Dec. 9, 1935. Death is said to have occurred on the date stated above, at 1105 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	12-6-35
Bilateral paralysis following cerebral hemorrhage	1934

Other contributory causes of importance:

Hypertension, Chronic Nephritis	?
Chronic Bronchitis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard Lichman, M. D.
(Address) Sinai Hospital

DEC 10 1935

Filing Date

Registrar

MAKE CAUSE OF DEATH plain. See instructions on back of certificate.
OCCUPATION is very important.

M. D. B. 1268-9

F 18442

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18442

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 E. Heath St. St., 23 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella O. Birckhead

(a) Residence: No. 33 E. Heath St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Birckhead

6. DATE OF BIRTH (month, day, year) July 10 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Solomon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Walter E. Birckhead
(Address) 33 E. Heath St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Cem. Date Dec 10 1935

19. UNDERTAKER J. Frew McCarthy
(Address) 130 E. Fort Ave

Filed DEC 10 1935, 19 Hunter Williams, Registrar.

State cause of death in OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1935 to Dec 7 1935

I last saw [illegible] alive on Dec 7 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Endef.	
Other contributory causes of importance:	
Ephanstrait	1 Day

Name of operation none Date of

What test confirmed diagnosis? Autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Dec 9 1935 (Signed) R. E. L. Campbell M. D.

(Address) 1644 Hanover St

M. D. B. 1268-9

F 18443

F 18443 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 723 N. Broadway St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM ALEXANDER IRWIN

(a) Residence: No. 723 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced! HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) November 7,1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) Dec.1935

11. Total time (years) spent in this occupation 25yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Alexander Irwin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr.Charles B.Irwin (Brother)

(Address) 3420 Gwynns Falls Pky.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cem. Date Dec.11.1935

HENRY SANDER & SONS, INC. Henry T. Sander

19. UNDERTAKER

(Address) Baltimore & Broadway.

20. FILED DEC 10 1935, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1935 to Dec 8, 1935

I last saw him alive on Dec 8, 19. Death is said to have occurred on the date stated above, at 5.20p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/4
Other contributory causes of importance: Coma	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alf S Sadler M. D.

(Address) 709 N Broadway

State CAUSE OF DEATH in plain terms so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

F 18444 ✓ F 18444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 16 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gladys Ramney (Ranney) If U. S Veteran specify WAR .....

(a) Residence: No. 709 S. East Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced } HUSBAND of (or) WIFE of Darwin

6. DATE OF BIRTH (month, day, year) 6/12/1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME ? Bluse

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Effie ?

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Daughter.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Dec. 10. 1935

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. F. Sander.
(Address) Baltimore & Broadway.

20. FILED ... 19 ... Registrar

DEC 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/2 . 1935 to 12/7 . 1935

I last saw her alive on 12/7 . 1935 Death is said to have occurred on the date stated above, at 3 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	2 yrs

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 18445

F 18445 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 E. Eutaw St., W Ward)

Length of residence in city or town where death occurred 2 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Ingard

(a) Residence: No. 836 E. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Ingard

6. DATE OF BIRTH (month, day, year) July 4 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

FATHER

13. NAME Levi Dorsey

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Julia Simpkins

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Grace Powell
(Address) 836 E. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL
Place Bush Park Cem. Date Dec. 13, 1935

19. UNDERTAKER H. M. Snyder
(Address) Mt. Auburn Ave. Hagerstown, Md.

20. FILED Dec 10 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1935 to Dec 9, 1935

I last saw her alive on Dec 7, 1935 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/7/35
Other contributory causes of importance:	
Senility	7

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Gaines M. D.

(Address) 615 E. Eager St.

State CAUSE OF DEATH in plain terms so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 18446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18446

CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Cypress St. Curtis Bay. 25 Ward)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 13 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Evelyn Karopchinsky.

(a) Residence: No. 1621 Cypress St. Curtis Bay. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) October 26, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Karopchinsky.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Stella Boskorki.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edward Karopchinsky.
(Address) 1621 Cypress St. Curtis Bay.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Trinity Cemetery Date 12/10/ 19 35

19. UNDERTAKER C. J. Fanning & Son
(Address) 1938 E. Fayette St. Baltimore, Md.

20. FILED DEC 10 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency.	
Congenital	

(Other contributory causes of importance)

Name of operation None. Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto M. Einhardt, M. D.
Coroner

12/9/35 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1768-9

F 18447

18447 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Northern Police Station St., 13 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

If U. S. Veteran specify WAR

2. FULL NAME Alfred L Satta Jr

(a) Residence: No. 3812 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma G. Satta

6. DATE OF BIRTH (month, day, year) Oct - 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	2	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Alfred L Satta

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Anna Buscatto

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Mrs Emma Satta
(Address) 3812 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Nanjan Date 12-10-35

19. UNDERTAKER Pendell E Humphreys
(Address) 501 N Broadway

20. FILED DEC 10 1935, 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6th, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by hanging	12/6/35

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 12/6/1935

Where did injury occur? Northern Police Station
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Police Station

Manner of injury Hanging

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Wedderstrom M. D.
Coroner

(Address) Govans

DEC 10 1935

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18448

18448 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt. Ward) 27

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Manuel

(a) Residence: No. 1305 Old Hanford Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta Manuel

6. DATE OF BIRTH (month, day, year) 5-10-56

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? W. Va

FATHER

13. NAME William Manuel

14. BIRTHPLACE (city or town) (State or country) ? Va

MOTHER

15. MAIDEN NAME Mary Canter

16. BIRTHPLACE (city or town) (State or country) ? Va

17. INFORMANT Balto City Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Harpers Ferry W Va Date Dec. 11 1935

19. UNDERTAKER Towell & Byers Inc

(Address) 1217 W. Lanvale St.

20. FILED Dec 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-23 1935 to 12-8 1935

I last saw him alive on 12-7 1935 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate	?
Other contributory causes of importance Bronchopneumonia	1 wk

Was an operation performed? none Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robt J Manning M. D.

(Address) Balto City Hospt

OCCUPATION is very important. See instructions on back of certificate.

305-959

✓ F 18449

HEALTH DEPARTMENT—CITY OF BALTIMORE

18449 JOHNS HOPKINS HOSPITAL

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. ..... St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lucy Hayes

If U. S. Veteran specify WAR ...

(a) Residence: No. 1736 Hunterhill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/23/76

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Hayes

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Letitia Freeman

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Friends
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place North View Va. Date 12-18 1935

19. UNDERTAKER Wm. H. H. Holland
(Address) 1651 Hunterhill Ave

C 19 1935 ... 1774

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1935 to Dec 8 1935

I last saw her alive on Dec 8 1935 Death is said to have occurred on the date stated above, at 6.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforations of appendix and caecum; Generalized peritonitis (non-traumatic)	Oct 1935 ?

Other contributory causes of importance:

Obesity

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Edw. R. Crossman M. D.

(Address) The Johns Hopkins Hospital.

State cause of death clearly. OCCUPATION is very important. See instructions on back of certificate.

✓ F 18450

18450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1034-131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) 10

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sandy Mc Arthur.

(a) Residence: No. 1404 Ashland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie.

6. DATE OF BIRTH (month, day, year) 4/19/1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Sandy McArthur

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Taney McCrey

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Son

(Address) 1404 Ashland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Cavalry Cem Date Dec 12 1935

19. UNDERTAKER Mrs Pottel Grose

(Address) 1405 Ashland ave

C 10 1935

(Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/1 1935 to 12/9 1935

I last saw him alive on 12/9 1935 Death is said to have occurred on the date stated above, at 2 30/60 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia 2-3 days

Chronic nephritis 5 yrs.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 18451

F 18451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 W. Barre St. St., 21st Ward)

Length of residence in city or town where death occurred 40 Yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Linda Barber

(a) Residence: No. 611 W. Barre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Widowed 1945

6. DATE OF BIRTH (month, day, year) Jan 2 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	—	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ba

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Ba

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ba

17. INFORMANT Alice Shelton

(Address) 647 Lee Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 12/10/35

19. UNDERTAKER Isaiah L Brown Sons

(Address) 1018 Montgomery St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7. 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1935 to Dec 7, 1935

I last saw h[illegible] alive on Dec 7, 1935 Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/1/35

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? There is a possibility. Worked in [illegible]. If so, specify

(Signed) Columbus Jones M. D.

(Address) 616 S Caroline St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

DEC 10 1935

F 18452

18452 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S Bethel St., 3 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie R. Boston

(a) Residence No. 307 S Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Annie R. Boston

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie R. Barnes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Marietta Redding (Address) 307 S Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date Dec 11, 1935

19. UNDERTAKER J. Thurston Ford & Sons (Address) 110 S Paca St

20. FILED ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1935 to Dec 9, 1935

I last saw her alive on Dec 8, 1935 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis (Interstitial) — Date of onset Probably several yrs

Other contributory causes of importance:

Hypertension — Probably several yrs.

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation none Date of .....

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. J. Young, M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs. 3

DECEASED

F 18453 ✓ F 18453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 7 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Moore.

If U. S. Veteran specify WAR .....

(a) Residence: No. 922 Schuette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year) 4/19/1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cementer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 085

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT wife.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date Dec 12 1935

19. UNDERTAKER Geo Bloetz & Co Inc Successors

(Address) 1124 N Caroline st

20. FILED ..... 36 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/29, 1935 to 12/9, 1935

I last saw him alive on 12/9 1935 Death is said to have occurred on the date stated above, at 1 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis c uremia	6 mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18454

F 18451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 20 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Sawicz

(a) Residence: No. 2918 Elliott St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria Poland

MOTHER FATHER

13. NAME Sawicz

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Alexandra Evans.

(Address) 2918 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Standard Dec Date Dec 11 1935

19. UNDERTAKER Stephen D. Fialkowski

(Address) 1000 S. Kenwood Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fat Fx of Rad	
Internal injuries	

Other contributory causes of importance: .....

Was an operation performed? Yes Date of 11/27/35

For what disease or injury? Internal injuries

Name of operation? Laparotomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 11/26 1935

Where did injury occur? 6618 Oakwell St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Auto ran into bus Car

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signature) Hubert Gudge Sturgis M. D.

(Address) 142 Park Ave

Information should be carefully supplied. Age should be stated EXACTLY. Prefix Mr., Mrs., Miss or Master. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 13 1935

18455

F 18455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Jones

(a) Residence No. 400 Myrtle Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesterfield, Va.

FATHER

13. NAME Albert Jones

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Muray

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 10 1935

19. UNDERTAKER

(Address)

20. FILED DEC 10 1935 Huntington Williams Registrar

1928

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/24 1935 to 12/3 1935

I last saw him alive on 12/3 1935 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9 days
Bronchopneumonia	8 days

Other contributory causes of importance:

over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 18456

18456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Briggs

(a) Residence: No. 27 Vincent st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 7, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Lawrence Briggs

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Etta Johnson

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 10 19 35

19. UNDERTAKER

(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1935, to Dec. 2, 1935

I last saw him alive on Dec. 2 1935. Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Arthur Karlgin, M. D.

(Address) Baltimore City Hospitals

Do not state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18457

828

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Cator Avenue St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah H. Roche

If U. S. Veteran specify WAR

(a) Residence: No. 725 Cator Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George B. Roche

6. DATE OF BIRTH (month, day, year) Oct. 31, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Hamilton

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Margaret Barnshill

16. BIRTHPLACE (city or town) (State or country) ---------- Scotland

17. INFORMANT George B. Roche

(Address) 725 Cator Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Waverly Date 12/11 1935

19. UNDERTAKER Kenty & Deales Son

(Address) 405 N. Calvert St.

20. FILED C 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Summer of 1934 to Dec 8 1935

I last saw him alive on Dec 8 1935. Death is said to have occurred on the date stated above, at 3.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - sclerosis	
Cerebral Sclerosis	
with thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Gordon Straith, M. D.

(Address) 712 Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement must be complete. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18458

18458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Russell Wilson

(a) Residence: No. Parkton, Balto. Co. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1935.

7. AGE	Years	Months 7	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME James Wilson

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Edna Bell

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT James Wilson
(Address) Md.

18. BURIAL, CREMATION, OR REMOVAL md
Pine Grove Balto Co Date Dec 12, 1935

19. UNDERTAKER Paul Hartenstein
(Address) New Freedom, Pa

20. FILED DEC 13 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. K. Mackelfresh M. D.

(Address) 2757 E. Monument

Information asked for on this certificate is necessary for the registration of the fact. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Grzechowiak

(a) Residence: No. 2262 Luzerne Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 27, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Julia Wisniski

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Frank Grzechowiak
(Address) 2262 Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 10. 1935

19. UNDERTAKER John M Welby
(Address) 401 E. Chase St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	

Other contributory causes of importance: —

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Burial Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Mheyden M. D.
Coroner

(Address) 1912 North Ave.

DEC 10 1935

Use information shown on this certificate for statistical purposes only. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 18460

18460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR W. W.

2. FULL NAME John E. Freyer

(a) Residence: No. 1605 N. Port St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Addie Freyer

6. DATE OF BIRTH (month, day, year) July 14, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John E. Freyer

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary E. Kirk

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Kate Kane

(Address) 2727 E. Fayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Elm Date 12/11, 1933

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Fallsway

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	

Other contributory causes of importance:

Bronchio-pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Schreiber, M. D.

Coroner

(Address) 1917 E. Baltimore

Information should be carefully supplied. AGE should be stated in years, months and days. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 10 1933

AaCo. 5-11 250B

18461

F 18461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Brashears

(a) Residence: No. 533 S. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 19th 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Leroy N. Brashears

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Jennie Sutherland

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Leroy Brashears
(Address) 533 S. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL Place W M Cemetery Date 12/11 19 35

19. UNDERTAKER J. M. Cook
(Address) 1219 E. Fort Ave

20. FILED DEC 10 1935 19 — Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Dec. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1935, to Dec. 9, 1935

I last saw h im alive on Dec. 9 19 35 death is said to have occurred on the date stated above, at 4.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
lobar pneumonia	11-35

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Owen Moores, M. D.

(Address) Franklin Square Hosp.

Information should be carefully supplied. Any [illegible] may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See Instructions on back of certificate. OCCUPATION is very important.

M. D. H. 1263-a

F 18462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18462

✓ 94-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospitals St., 18 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Brown

(a) Residence: No. 1006 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Brown

6. DATE OF BIRTH (month, day, year) Oct 17 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skilled laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry operator Nat'l Press Cloth. Laundry

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hampton Virginia

FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) Hampton Va

MOTHER

15. MAIDEN NAME Sandamma

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Mrs. Ella Brown

(Address) 1006 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson County Date 12/12 1935

19. UNDERTAKER Walter B. Sanders

(Address) 139 W. Hamilton St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partially coronary embolism	

Other contributory causes of importance: Cerebral apoplexy. March 14 35

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Wright, M. D.

(Address) 1010 S. Ellwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

F 18463

M. D. B. 1264-1

18463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 512 Hanover Court St., 17 Ward)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henrietta Lenhardt

(a) Residence: No. 512 Hanover Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
Female	Col.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Est 60				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington Co
(State or country)

FATHER

13. NAME William Myers

14. BIRTHPLACE (city or town) Winchester Va
(State or country)

MOTHER

15. MAIDEN NAME Sallie Unknown

16. BIRTHPLACE Winchester Va
(State or country)

17. INFORMANT Jeremiah Chapman
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 11th 1935

19. UNDERTAKER Clay Elgar
(Address) 1000 Brantly Av

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Hypopharynx	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Kann Coroner M. D.

(Address) 12 N Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18464

38 6980

38 18464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Curley Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1615 E Fayette St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha

6. DATE OF BIRTH (month, day, year): 2/28/84

7. AGE: Years: 51 | Months: 9 | Days: 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Arkansas

FATHER

13. NAME: Thomas Wiggington

14. BIRTHPLACE (city or town) (State or country): Unk

MOTHER

15. MAIDEN NAME: Millinia Wiggington

16. BIRTHPLACE (city or town) (State or country): Ark

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: MC Cleary Cem. Date: 12-11 1935

19. UNDERTAKER: Edward Bryan

(Address) 1641 Orleans St

FILED DEC 11 1935, 19 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1935 to Dec. 8, 1935

I last saw him alive on Dec 8, 1935. Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic meningitis	?
Other contributory causes of importance:	
Syphilis	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Earl K Grossman M. D.

(Address) The Johns Hopkins Hospital

Information should be correct, complete, and legible. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

F 18465

F 18465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Cairo St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Johnson

(a) Residence: No. 1705 Cairo St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fml

4. Color or Race: Col'd

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sam. Johnson

6. DATE OF BIRTH (month, day, year): 1876

7. AGE: Years 59 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER

13. NAME: Thos Smith

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER

15. MAIDEN NAME: Mahan

16. BIRTHPLACE (city or town) (State or country): Calvert Co

17. INFORMANT: Sam Johnson

(Address): 1705 Cairo

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 12, 1935

19. UNDERTAKER: Samuel H Chase Sons

(Address): 638 N. Gay St.

20. FILED DEC 11 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 10 (C) 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 (C) 1935 to Dec 10 (C) 1935

I last saw h[illegible] alive on Dec 9 (C) 35 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
2 Days	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 18466 (1268)

F 18466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 Rock St. St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rudolph Peters

If U. S. Veteran specify WAR .....

(a) Residence: No. 232 Rock St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 20, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	53	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Chas. Peters

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Lucinda Jones

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Edith Morris

(Address) 215 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 12. 1935

19. UNDERTAKER Arnold M. Chase Son

(Address) 631 W. Lafayette

20. FILED DEC 11 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2757 W. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dyse

DEC 11 1935

M. D. B 1268-9

F 18467

F 18467 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Frieman

(a) Residence: No. 9 N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachael ~~1876~~

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Dry Dock

10. Date deceased last worked at this occupation (month and year) 12/10/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benj. Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Frieda

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) J. Frieman 9 N. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL Place Workmen Cmty Cemetery Date Dec 11 1935

19. UNDERTAKER (Address) Sol Levinson Bro 1127 E. Baltimore St.

20. FILED DEC 11 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signature) Emma B. Wallace M. D. Coroner

(Address) 1051 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18468

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4310 Kathland Ave. St., 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah M. Lautenberger

If U. S. Veteran specify WAR

(a) Residence: No. 4310 Kathland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of August Lautenberger

6. DATE OF BIRTH (month, day, year) Nov. 29, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Hartley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Funk

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. W. Harry Burk, 4310 Kathland Ave.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemty. Date Dec. 11, 1935

19. UNDERTAKER Frank Fleischer Take

(Address) 4101 Edmondson Ave.

20. FILED DEC 11 1935 19 H. Lincoln Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1935 to Dec. 8th 1935

I last saw her alive on Dec. 8th 1935. Death is said to have occurred on the date stated above, at 12.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Cerebral Hemorrhage	11/29/35

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Elbert G. Renby M. D.

(Address) 2245 Reisterstown Rd. Balto. Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18469

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 Edmondson Ave. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Katenkamp

If U. S. Veteran specify WAR

(a) Residence: No. 4006 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Katenkamp (nee Scharrer)

6. DATE OF BIRTH (month, day, year) Oct. 2, 1852.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Umbrella Mfgr.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Dietrick Katenkamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Schickner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Pauline Katenkamp

(Address) 4006 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Dec. 11, 1935.

19. UNDERTAKER Harry A. Meitzler

(Address) 4101 Edmondson Ave.

20. FILED DEC 11 1935, 19 Harry A. Meitzler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1933 to Dec 7, 1935

I last saw him alive on Dec 7, 1935. Death is said to have occurred on the date stated above, at 7:38 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Myocarditis	

Other contributory causes of importance:

Chronic interstitial nephritis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mrs. Pauline Katenkamp M. D.

(Address) 3912 Roslindale Rd

Information should be carefully supplied. Age should be stated in years and months. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18470

CERTIFICATE OF DEATH

Registered No. 4-2 ✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 765 W. Mulberry St St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Savage

(a) Residence: No. 765 W. Mulberry St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Savage

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Clover McGowan

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Nancy Dove

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Geo. Savage

(Address) 765 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 12, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

FILED , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1935. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis. Clin., Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. K. O'Malley M. D. Coroner

(Address) 3736 W. Lanvale

F 18471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

F 18471

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Infant Coleson~~ Jack Small Jr.

If U. S. Veteran specify WAR —

(a) Residence: No. 213 N. Fremont Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) Dec. 1934

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Lynchburg, S.C.

FATHER

13. NAME Julius Small Sr.

14. BIRTHPLACE (city or town) (State or country) Lynchburg S.C.

MOTHER

15. MAIDEN NAME Phyllis Durkett

16. BIRTHPLACE (city or town) (State or country) Lynchburg S.C.

17. INFORMANT Freddie Small

(Address) 213 N. Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lynchburg, S.C. Date Dec 11, 1935

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 522 E. Lombard St

20. FILED Dec. 11, 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1935 to Dec. 9, 1935

I last saw him alive on Dec 9, 1935. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Fichs Disease	?

Other contributory causes of importance

Hydrothorax

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? unknown (If so, specify)

(Signed) Frank W. Peyton M. D.

(Address) University Hospital

N. B.—Items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18472

F 18472 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1st Hamilton, Grant Hospital

CITY OF BALTIMORE: (No. Edella & Anntana St., 2nd Ward)

Registered No. 82-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Henry L. Draper

if U. S. Veteran specify WAR

(a) Residence: No. Edella & Anntana Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Germ.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm Hoffstetter

(Address) Edella & Anntana Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Cem Date Dec 12, 1935

19. UNDERTAKER Fred. Ensslen & Son

(Address) 7401 Belair Rd

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1935 to Dec 10, 1935

I last saw him alive on Dec 9, 1935. Death is said to have occurred on the date stated above, at 8:57 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	Dec 6

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify None

(Signed) Henry L. Draper M.D.

(Address) 5304 Harford Rd

information should be carefully supplied. AGE should be stated EXACTLY. If UNDER ONE YEAR, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

DEC 11 1935

F 18473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18473

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Halcyon Ave 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis J. Russell

If U. S. Veteran specify WAR.

(a) Residence: No. 2702 Halcyon Ave St., (Halcyon Ave) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Regina D. Russell

6. DATE OF BIRTH (month, day, year) Oct 7-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Samuel Russell

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Kate Peter

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Regina D. Russell

(Address) 2702 Halcyon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 12-14 1935

19. UNDERTAKER Leonard J. Koch

(Address) 5505 Harford Rd

FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to 12/10/35, 19... last saw h[im] alive on 12/10/35. Death is said to have occurred on the date stated above, at 2:2 m.

The principal cause of death and related causes of importance were as follow:

Chronic Myocarditis (Infect.) — Date of onset

Other contributory causes of importance:

Cardiac Decompensation

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Colley, M. D.

(Address) 5103 Harford Rd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

M. D. II 1268-9

F 18474

F 18474 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Geo. Mollott

(a) Residence: No. 900 Beaumont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Mollott

6. DATE OF BIRTH (month, day, year) June 13, 1808

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	01	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Florist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Thomas Mollott

14. BIRTHPLACE (city or town) (State or country) Notknown

MOTHER

15. MAIDEN NAME Not Anown

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Sarah Mollott

(Address) 900 Baeumont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Everett Cem Everett Pa. Date 12/13/35

19. UNDERTAKER Chas. F. Wagerstow

(Address) Mt. Washington

20. FILED DEC 11 1935 19 Huntington F. Pile Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Femur	
Pulmonary Embolism	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident. Nov. 15, 1935

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from ladder

Nature of injury Fracture of R. Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Wooden M. D.

(Address) 2337 N. Broad St.

N. B.—WRITE PLAINLY with pen and ink. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

F 18475

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 E. 20th St., 12 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Filomena Matani

If U. S. Veteran specify WAR

(a) Residence: No. 403 E. 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Salatino Matani

6. DATE OF BIRTH (month, day, year): March 9-1876

7. AGE: Years 59 | Months 9 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Pietro Orsini
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Pasqua-rosa Morgazzano
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Salatino Matani
(Address) 403 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Cem. Date: Dec. 12 1935

19. UNDERTAKER: Frank Dilly Rose
(Address) 52 N. Morley St.

Filed DEC 11 1935, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1935 to Dec 10, 1935

I last saw her alive on Dec 10, 1935. Death is said to have occurred on the date stated above, at 10.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Exhaustion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Luigi D. Di Stefano, M.D.

(Address) 407 N. Exeter St

N. B.—While all information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18476

HEALTH DEPARTMENT—CITY OF BALTIMORE

18476

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 E. Chase St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 2 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Marburg

If U. S. Veteran specify WAR

(a) Residence: No. 11 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Gardner Marburg

6. DATE OF BIRTH (month, day, year) Sept 7 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm. A. Marburg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Mundler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary L. Arnold Friend

(Address) 11 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 11 1935

19. UNDERTAKER Stewart & Co.

(Address) Eutaw & Lanvale

FILED DEC 11 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1934 to Dec 9 1935

I last saw him alive on Dec 9 1935. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/4

Other contributory causes of importance: Injured for 8 years. Senile degeneration

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Specify)

(Signed) Geo. H. Hoehing Jr. M. D.

(Address) 5830 York Rd

I. D. No. 3—WRITE PLAINLY, with pen and ink. Please answer all questions. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

18477

HEALTH DEPARTMENT—CITY OF BALTIMORE

18477

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 E. Ostend St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 1 mo. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry W Holland

(a) Residence: No. 126 E. Ostend St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Catherine C Holland

6. DATE OF BIRTH (month, day, year) Oct 25 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) about 2 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Holland

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert W. Holland

(Address) 16 E Gittings

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 12 1935

19. UNDERTAKER John F Dennis

(Address) 710 Lyon St

FILED DEC 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933 to dec 9 1935

I last saw h~~im~~ alive on Dec 9 1935. Death is said to have occurred on the date stated above at 1045 a m.

The principal cause of death and related causes of importance were as follows:

Chronic int. nephritis — Date of onset unknown

Other contributory ~~causes~~ of importance: Hypertension - arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul Steffen, M. D.

(Address) 1319 Light St

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 18478

F 18478 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provan Hospital St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Kaffan †

(a) Residence: No. 707 St Paul St., Ward

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 10, 1935

7. AGE	Years	Months	Days	If LESS than 1 day 11 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provan Hospital

FATHER

13. NAME George Sang Kaffan

14. BIRTHPLACE (city or town) (State or country) Woodbridge N.J.

MOTHER

15. MAIDEN NAME Mary Cecelia Bailey

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Mary Cecelia Kaffan

(Address) 707 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Hospital Date Dec. 10 1935

19. UNDERTAKER

(Address)

FILED DEC 11 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1935 to Dec. 10, 1935

I last saw her alive on Dec. 0, 19 . Death is said to have occurred on the date stated above, at 5.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Multiple Pregnancy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Margaret S. Baer M. D.

(Address) 104 W. Madison St.

S. B.—WRITE PLAINLY, WITH PENCIL OR INK—THIS IS A LEGAL DOCUMENT AND MUST BE FILLED OUT EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268

F 18479

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18479

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Tappan #2

(a) Residence: No. 707 St. Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-10-35 6.09 A.M.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			6 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provident Hospital

FATHER

13. NAME George Irving Tappan

14. BIRTHPLACE (city or town) (State or country) Woodbridge, N. J.

MOTHER

15. MAIDEN NAME Mary Carlin Burley

16. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

17. INFORMANT Mary Tappan Hospital Records (Address) 707 E. Saint Paul St.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place Rosk. Date Dec. 10 1935

19. UNDERTAKER

(Address)

20. FILED DEC 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1935, to Dec. 10, 1935

I last saw her alive on Dec. 10, 1935 Death is said to have occurred on the date stated above, at 12.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Multiple Pregnancy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Margaret B. Cousland, M. D.

(Address) 634 N. Madison St.

M. D. B. 1268-9

F 18480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18480

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lorraine Hospital St. 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Tapper #3

(a) Residence: No. 707 St. Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-10-35 - 6.17 AM

7. AGE Years	Months	Days	If LESS than 1 day old, hrs. or 33 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lorraine Hospital

FATHER

13. NAME George Leroy Tapper

14. BIRTHPLACE (city or town) (State or country) Woodbridge N. J.

MOTHER

15. MAIDEN NAME Mary Viola Burley

16. BIRTHPLACE (city or town) (State or country) Cumberland, Md

17. INFORMANT Hospital Records

(Address)

18. ~~BURIAL~~ CREMATION, OR ~~REMOVAL~~

Place Druid Dec. 10 1935

19. UNDERTAKER

(Address)

20. FILED Dec 10 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 6.17 A.M. 1935, to Dec. 10 12.05 P.M. 1935

I last saw her alive on Dec. 10, 1935 Death is said to have occurred on the date stated above, at 12.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributary causes of importance:

Multiple Pregnancy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Margaret B. Sprunt M. D.

(Address) 114 W. Madison St.

V. S. 3

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18481 ✓ F 18481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 279 E. Exeter St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Salvatore Buscemi

If U. S. Veteran specify WAR .....

(a) Residence: No. 279 E. Exeter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Buscemi

6. DATE OF BIRTH (month, day, year) Dec 8-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01-7

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Jennie Buscemi

(Address) 279 E. Exeter St

18. BURIAL, CREMATION, OR REMOVAL Monday

Place Holy Redeemer Date 12/12, 1935

19. UNDERTAKER Howard A. Blight Jr

(Address) 1418 E. Gay St

20. FILED ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1935 to Dec 9, 1935

I last saw him alive on Dec 8, 1935. Death is said to have occurred on the date stated above, at 12 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	
Epistaxis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Luigi D. DiStefano M. D.

(Address) 407 E. Exeter St

M. D. B. 1268-9

F 18482

18482 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

53-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Eutaw Place St., 13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ehrlich

(a) Residence: No. 2215 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leopold Ehrlich

6. DATE OF BIRTH (month, day, year) June 29, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York, N.Y.

FATHER

13. NAME Adolph Lowenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Burgunder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Ehrlich
(Address) Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date Dec.12, 1935

19. UNDERTAKER Ward Sondheimer & Son
(Address) 1902 Eutaw Place

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1935, to Dec 10, 1935.

I last saw h.er alive on Dec 10, 1935. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs	6 mos
Other contributory causes of importance:	
Carcinoma of bladder (urinary)	2 years

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Lentz, M. D.

(Address) Temple Garden Aprts.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 1935

F 18483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lincoln Hospital St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Pauza

(a) Residence: No. 1125 W. Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Anthony Pauza

6. DATE OF BIRTH (month, day, year): March 1872

7. AGE: Years 63, Months 7, Days 9, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 637

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: Carl Mikonis

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Ana Mikonis

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: William Pauza

(Address) 1125 W. Lombard

18. BURIAL, CREMATION, OR REMOVAL

Place: Forestdale Date: Dec 17 1935

19. UNDERTAKER: Chas B. Buchanan

(Address) 637 Fulton St

FILED DEC 17 1935 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12 10 35

22. I HEREBY CERTIFY, That I attended deceased from 12 2 35, 19 ... to 12 10 35, 19 ...

I last saw her alive on 12 10 35 Death is said to have occurred on the date stated above, at 8.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 2 35
Diabetes Mellitus	Unk

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. K. Worrack M. D.

(Address) Lincoln Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18484

F 18484 HEALTH DEPARTMENT—CITY OF BALTIMORE

159

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Hilkens & Caton Blvd. Ward)

Registered No. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Hennemann

If U. S. Veteran specify WAR

(a) Residence: No. 2723 Riggs Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-10-32

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ballo. Md.

FATHER

13. NAME George Hennemann

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Virginia Millard

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Geo Hennemann
(Address) 2723 Riggs ave

18. BURIAL, CREMATION, OR REMOVAL
Place Meadowridge Date 12/12/30, 19

19. UNDERTAKER Thos. F. Kenny & Co.
(Address) 1600 Eutaw St.

20. FILED DEC 11 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1935 to Dec. 10, 1935

I last saw her alive on Dec. 10, 1935. Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12/10/35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Louis H. Llewelyn, M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18485

Registered No. 536

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Collins
If U. S. Veteran specify WAR —

(a) Residence: No. 531 S. Caton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (last) WIFE of Estella Collins

6. DATE OF BIRTH (month, day, year) March 13 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME James F. Collins
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Melchemnia Shifflett
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James F. Collins
(Address) 531 S. Caton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/12 35

19. UNDERTAKER Geo. A. Fegley
(Address) Fulton & Forrest

20. FILED DEC 11 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 10 - , 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1935 to Dec. 10, 1935
I last saw him alive on Dec. 10, 1935. Death is said to have occurred on the date stated above, at 6 53 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
Secondary Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. B. Wade M. D.
(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 18486

18486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 S. Morley St., 20 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR _____

2. FULL NAME John O'Keefe

(a) Residence: No. 129 S. Morley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura V. O'Keefe

6. DATE OF BIRTH (month, day, year) April 26, 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 9-3 89	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butter & Egg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hollins Market

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. M. Tobin

(Address) 129 S. Morley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec. 12, 1935

19. UNDERTAKER Joseph B. Cooke

(Address) 1503 W. Baltimore St.

FILED DEC 11 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1935 to Dec 9, 1935

I last saw him alive on Dec 9, 1935 Death is said to have occurred on the date stated above, at 10.45P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Data at onset indef

Other contributory causes of importance: cardiac decompensation 2 mo

Was an operation performed? no Date of _____

For what disease or injury? _____

Nature of operation ✓ Date of _____

What test confirmed diagnosis? clin Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury _____, 19__

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) J. J. Kyper M. D.

(Address) 3321 Frederick Ave.

N. B.—WRITE PLAINLY, WITH INFADIBLE INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md General Hospital

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

U. S. Veteran (specify WAR)

2. FULL NAME Mrs Gertrude Conroy

(a) Residence: No. 3713 Park Height Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Charles H Conroy

6. DATE OF BIRTH (month, day, year) 7-6-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER

13. NAME John L Liehl

14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Jeanne

16. BIRTHPLACE (City or town) (State or country) France

17. INFORMANT Mrs Lucile Reynolds

(Address) 3713 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 12/12 . 1935

19. UNDERTAKER Vernon Lampman

(Address) 4611 Pk. Hts. Ave.

20. FILED ... 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Left Chest	12/6/35
Other contributory causes of importance: Hypostatic Pneumonia	12/9/35

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/6, 1935

Where did injury occur? Broadway & Eutaw St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How was injury sustained? Struck by auto while

Nature of injury Crushing, Chest

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hubert Bruce Hite, M. D. (Coroner)

(Address) 5143 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 1 1935

F 18488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18488

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Old York Road St., 9 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Harry F. F. Bordley

If U. S. Veteran specify WAR ____

(a) Residence: No. 3111 Old York Road St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary H. Thompson

6. DATE OF BIRTH (month, day, year): June 6, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: William C. Bordley

14. BIRTHPLACE (city or town) (State or country): --------, Maryland

MOTHER

15. MAIDEN NAME: Amelia Heritage

16. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

17. INFORMANT (Address): Mrs. Mary A. Bordley, 3111 Old York Road

18. BURIAL, CREMATION, OR REMOVAL. Place: St. John's Cem. Date: 12/12 '35

19. UNDERTAKER (Address): [illegible]

20. FILED: DEC 11 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-9-'35

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1933 to December 9, 1935

I last saw him alive on December 9, 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis (cerebral)	8-23-33
Hypertension	
Other contributory causes of importance:	
Exhaustion	11-25-35

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Gustaf H. Wolvereck M. D.

(Address) 10 E. Biddle Street

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Hinkey) ✓ E 18489

18489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 James St., St., 7-1 Ward)

Length of residence in city or town where death occurred 82 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Matilda Minkey,

(a) Residence: No. 1336 James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John F. Minkey.

6. DATE OF BIRTH (month, day, year) December 11, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	-	0 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME William B. Murdock,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth C. Holmes.

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT John F Hinkey
(Address) 1336 James St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date DEC 14 1935

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED DEC 11 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 11 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 30, 1935, to Dec, 11, 1935

I last saw h alive on Dec 10, 1935 Death is said to have occurred on the date stated above, at 9:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cholelithiasis & Carcinoma of Liver	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Abraham Schapiro, M. D.
(Address) 2028 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 11 1935

F 18490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18490

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 15-1 Ward) 34-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Sellman

If U. S. Veteran specify WAR .....

(a) Residence: No. 736 School St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) 1/20/1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monumental Storage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date Dec 14 1935

19. UNDERTAKER Archibald C. Gaddes

(Address) 2151 McCulloh St

20. FILED DEC 11 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/27 1935 to 12/10 1935

I last saw him alive on 12/10 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central nervous system syphilis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible] F 18491

F 18491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 1 Ward)

Length of residence in city or town where death occurred 1/2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Woodie Lee Bennett

(a) Residence: No. 317 S. Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie

6. DATE OF BIRTH (month, day, year) Sept 25/1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skilled laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ironworker shipyard

10. Date deceased last worked at this occupation (month and year) Nov 25 35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John C. Bennett

14. BIRTHPLACE (city or town) (State or country) Davey Anne C. Md

MOTHER

15. MAIDEN NAME Nora B. Sparks

16. BIRTHPLACE (city or town) (State or country) Anne Anne C. Md

17. INFORMANT Larry J. Bennett
(Address) 317 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 13 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH 12 0/M

21. DATE OF DEATH (month, day, year) Dec 11, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Dec 11 1935

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 317 S. Robinson St

Manner of injury Fell down cellar steps

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Linwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

DEC 7 1935

F 18492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18492

50

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary Wood (Mrs. R.)

(a) Residence: No. 2707 N Fivelyn Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

6. If married, widowed, or divorced: WIFE of Henry Wood

7. DATE OF BIRTH (month, day, year) Feb 10 1874

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	[illegible]	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Pa

FATHER
13. NAME David Martin
14. BIRTHPLACE (city or town) (State or country) ? Pa

MOTHER
15. MAIDEN NAME Margaret Connor
16. BIRTHPLACE (city or town) (State or country) ? Pa

17. INFORMANT (Address) Balto City Hospt Record

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 14th 1935

19. UNDERTAKER (Address) Wm Cook 1217 N Paul St

20. FILED 19 Registrar

DEC 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 11 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-27 . 1935 to 12-11 . 1935
I last saw her alive on 12-10 . 1935 Death is said to have occurred on the date stated above, at 9 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cancinoma of Left Breast & metastases to left axillary glands	?
Other contributory causes of importance: Bronchopneumonia	2 days

Was an operation performed? none
For what disease or injury?
Name of operation — Date of —
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Robt. J. Martin M. D.
(Address) Balto City Hospt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Stolbrook St., 9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary E. Heise

(a) Residence: No. 1324 Stolbrook St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. ~~Married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Adolph H. J. Heise

6. DATE OF BIRTH (month, day, year) May 18/54

7. AGE: Years 81 | Months 6 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME George Weekers
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Augusta M Gibson 1324 Stolbrook St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakleaven Date Dec 13/35

19. UNDERTAKER (Address) William Cook 217 St Paul St.

20. FILED DEC 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 25, 1935 to December 10 1935
I last saw her alive on December 10, 1935 Death is said to have occurred on the date stated above, at 10 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	2 years
Senile Arteriosclerosis	5 yrs
Chronic Interstitial nephritis	20
Other contributory causes of importance: Pneumonia & Cardiac Dilatation	2 days

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation Date of
What test confirmed diagnosis? Physical Exam Was there an autopsy? No.

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Zimmerley M. D.
(Address) 1025 E North Ave

DEC 12 1935

F 18494 F 18494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 12 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carroll Johnson

(a) Residence: No. 419 E. 24th st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Johnson

6. DATE OF BIRTH (month, day, year) Jan. 4, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labr Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Plant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Hanrietta Green

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hanna Va Date Dec 12th 1935

19. UNDERTAKER Archibald C. Hadden

(Address) 210 W. Fulton St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1935 to Dec. 10 1935

I last saw him alive on Dec. 10 1935. Death is said to have occurred on the date stated above, at 3.49 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlson M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18495

210-M

1. PLACE OF DEATH Union Memorial Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Julian Hamilton

(a) Residence: No. 229 Edythe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 5 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, sawyer, bookkeeper. Mexican

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (City or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME John Hamilton

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Leonora Dennis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Hamilton Sister
(Address) 103 Thompson Ln

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 12-12- 1935

19. UNDERTAKER Byron Francis & Wright
(Address) 1218 Eldorado & Eldery St

20. FILED DEC 12 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/35 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/8 19 35
Where did injury occur? York Road N. of Allegheny Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Street
How injury occurred Struck by automobile while crossing street car
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) Hubert Bailey Coroner M. D.
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 12 1935

F 18496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18496

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 13 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Nellie Tulley

(a) Residence: No. 3940 Roland Ave - Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M Tulley

6. DATE OF BIRTH (month, day, year) Est. 12/22/78

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12/12/35

19. UNDERTAKER J. McCabe

(Address) 1217 E Lanvale St

Received D... 19... Registrar.

DEC 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/1935

22. I HEREBY CERTIFY, That I attended deceased from 12/7/1935 to 12/9/1935

I last saw her alive on 12/9/1935 Death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insuffi - ciency	3 wk

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

18497

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 S. Streeper St. 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Peacock

If U. S. Veteran specify WAR .....

(a) Residence: No. 500 S. Streeper St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Peacock

6. DATE OF BIRTH (month, day, year) Dec. 17 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Davis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Deana Burkhart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Phillip Peacock (husband)
(Address) 500 S. Streeper St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 12 1935

19. UNDERTAKER Tully & Tyler Inc
(Address) 403 S Wolfe St.

20. FILED DEC 12 1935 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1935 to Dec 10, 1935

I last saw her alive on Dec 9 1935 Death is said to have occurred on the date stated above, at 12.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary anaemia	
Degenerated Scalp Cyst infused	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Heller M.D.

(Address) 1937 Bough St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. of B. F 18498

F 18498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 W. Pratt St St., 2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 1943 yrs. mos. ds.

2. FULL NAME (Baby) Bernice Maguire

(a) Residence: No. 1420 W. Pratt St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 10, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 15 min.
				16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Bernard J. Maguire

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Sophie Weiss

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Bernard J. Maguire
(Address) 1420 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Leudenpark Date Dec 12, 1935

19. UNDERTAKER Koff & Bm. Halters
(Address) S. E. Cor Pratt & Stricker Sts

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935 to Dec 11, 1935

I last saw h er alive on Dec 10, 1935 Death is said to have occurred on the date stated above, at 4 a/ m.

The principal cause of death and related causes of importance were as follows:

Intra Cranial Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.

(Address) 1326 W Lombard St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V S 3

M.O. B. 18499 F 18499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Mc Henry St St., 19 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Patrick J. Sullivan

(a) Residence: No 1507 Mc Henry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Sullivan

6. DATE OF BIRTH (month, day, year) March 17, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	62	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationery Engineer 60 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 12-10-1935

11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (city or town) (State or country) County Cork Ireland

FATHER

13. NAME Daniel Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Shea

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. Sullivan
(Address) 1507 Mc Henry St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 14 19 35

19. UNDERTAKER Robt Cr B M Walters
(Address) N. E. Cor Pratt & Stricker Sts

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1934 to Dec. 10 1935

I last saw him alive on Dec. 10 1935. Death is said to have occurred on the date stated above, at 7:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1930
hypertension	1930
	12/10/-

Other contributory causes of importance:
Cardio-vascular renal disease
Cardiac failure
Probable coronary thrombosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Anthony V. Buchanan M. D.

(Address) 37 S. Stricker St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V 53

M. D. C. 1264(C)

F 18500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 6 St., Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Berger

(a) Residence No. 1820 E. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married-Mollie Berger

6. DATE OF BIRTH (month, day, year) 11-1-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Public School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Berish Berger

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mollie Berger
(Address) 1820 E Balto st

18. BURIAL, CREMATION, OR REMOVAL 12-12-35
Place Woodlawn Date . 19

19. UNDERTAKER Jack Kemp Inc
(Address) 1439 E Balto st

20. FILED . 19 Registrar.

DEC 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure - Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1912 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V S 6

M. D. Rec'd 1936

18501

HEALTH DEPARTMENT—CITY OF BALTIMORE

18501

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 E 35th St St., 9 Ward)

Length of residence in city or town where death occurred 66 yrs 2 mos 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara L Dawson

(a) Residence: No. 526 E 35th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) ~~WIFE~~ of Jesse P Dawson

6. DATE OF BIRTH (month, day, year) Aug 16th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John L Heck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Bauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Jesse P Dawson 526 E 35th St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Dec 13th 1936

19. UNDERTAKER (Address) Geo Schilling & Sons 1124-1126 E Monument St

20. FILED DEC 12 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1936 to Dec 9 1936

I last saw h~~e~~r alive on Dec. 9 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2 yrs
Other contributory causes of importance: Hypertension Arteriosclerosis	10 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John D Heck M. D.

(Address) 926 E Monument St

information should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V S 3

M. H. B. 12-8-33.

F 18502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2925 Kirk Ave St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George M Stein

(a) Residence: No. 2925 Kirk Ave, St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 31 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Produce Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Wm P Stein

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie E Gebelein

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wm Stein Jr

(Address) 612 E 36th St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Dec 12 1933

19. UNDERTAKER John Ulbert & Son

(Address) ...

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1933, to Dec 9 1933

I last saw h... alive on Dec 9 1933. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Sept 1
Other contributory causes of importance:	
Chronic Endocarditis	1932
Myocarditis	

Name of operation no Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Alma B Lemmon M. D.

(Address) 718 N. Patterson Park Ave

information should be carefully supplied, so that it may be properly classified. Exact terms should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact terms should OCCUPATION is very important. See instructions on back of certificate.

C 1935

F 18503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 18503

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Maurice Carey

If U. S. Veteran specify WAR none

(a) Residence: No 811 Riggs Ave St ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of Elizabeth Carey

6. DATE OF BIRTH (month, day, year) March 27 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Railway)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Sebite Carey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rebecca Casey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 13 1935

19. UNDERTAKER John Tilluth & Sons

(Address) 500 E Lanvale St

20. FILED DEC 12 1935 Registrar

Copy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-28-35, 19..., to 12-10 1935

I last saw h[illegible] alive on 12-10 1935 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Arteria Sclerosis	
Uremia	
Pleural Effusion	
Other contributory causes of importance: Broncho pneumonia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen. Hosp.

information should be given in plain terms, so that it may be properly coded. state CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

18504 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18504

CERTIFICATE OF DEATH ✓ 117-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Nancy May ~~Rooker~~ ROOKER

(a) Residence: No. 1712 E. 25th St., Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emmett Rooker

6. DATE OF BIRTH (month, day, year) Dec 3, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME James May

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Ada Collins

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 14 1935

19. UNDERTAKER John Tellup 508 Orleans St

(Address)

20. FILED DEC 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1935 to Dec. 12 1935

I last saw h. alive on Dec 12 1935 Death is said to have occurred on the date stated above, at 1:40 Am

The principal cause of death and related causes of importance were as follows:

Perforated gastric ulcer — Date of onset 11-15-35

Other contributory causes of importance:

Abdominal abscess

Was an operation performed? yes Date 11-15-35

For what disease or injury? Ruptured gastric ulcer.

Name of operation Epinion gastric ulcer Date of 11-15-35

What test confirmed diagnosis? Op. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McCanahan M. D.

(Address) 108 East 33rd St.

Note — information should be carefully worded, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 18505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18505

CERTIFICATE OF DEATH

✓ 46-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? 66 yrs. 10 mos. 21 ds.

2. FULL NAME Mrs Josephine Dean Crommelin (Josephine Dean Crommelin)

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 217 Lafayette Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Joseph Crommelin

6. DATE OF BIRTH (month, day, year) Jan 25, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Dean Smith

14. BIRTHPLACE (city or town) (State or country) Alexandria Virginia.

MOTHER

15. MAIDEN NAME Lucretia Lillet

16. BIRTHPLACE (city or town) (State or country) Connecticut.

17. INFORMANT (Address) Mrs H. A. Fulton (daughter) Ossining - New York

18. BURIAL, CREMATION, OR REMOVAL. Place Green Mount Date Dec. 12/35

19. UNDERTAKER (Address) Stewart & Cramer Co. 1018 W. North Ave.

20. FILED DEC 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1935, to Dec. 11, 1935

I last saw h[illegible] alive on Dec. 11 1935. Death is said to have occurred on the date stated above, at 1:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	3/35 ?
Other contributory causes of importance:	
Arteriosclerotic Heart Disease	6/20/35
Bronchio-pneumonia	1-1-/35

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Robert H. Ivy M. D.

(Address) Union Memorial Hosp.

Information must be given in plain terms, so that it may be properly coded. State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 18506

F 18506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walker Byrd.

If U. S. Veteran specify WAR

(a) Residence (No. 37 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys.

6. DATE OF BIRTH (month, day, year) 11/7/1903.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Henderson

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records Bd. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Second Head Date 12/12 '35

19. UNDERTAKER John J. Kane Son
(Address) 1318 Eight St.

20. FILED DEC 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/30, 1934 to 12/7, 1935

I last saw him alive on 12/7, 1935. Death is said to have occurred on the date stated above, at 3.35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Insufficiency	Unknown
Myocardial Insufficiency	3 days ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical + Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sanballe M. D.

(Address) Baltimore City Hospitals

Information called for on this certificate is required by law. Please answer all questions fully and correctly. Type or print plainly in black ink. Do not abbreviate. If unknown, state CAUSE OF DEATH in plain terms, so that it may be understood. Do not state mode of dying. Do not state OCCUPATION in very important. See instructions on back of certificate.

F 18507

F 18507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Ellamont Rd. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond J. Boulay

(a) Residence: No. 3411 Ellamont Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or ~~WIFE of~~) Josie M. Peters

6. DATE OF BIRTH (month, day, year) 2/12/1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banking

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Com. Banks

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del.

FATHER

13. NAME Alfred Boulay

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Katherine Kelly

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Mrs. Josie Boulay

(Address) 3411 Ellamont Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec. 13, 1935

19. UNDERTAKER Martin Fisher & Sons

(Address) 1827 W. North Ave. Funeral Home

FILED DEC 17 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1934 to Dec 10, 1935

I last saw him alive on Dec 10, 1935 Death is said to have occurred on the date stated above, at 9.45 P m

The principal cause of death and related causes of importance were as follows:

Lymphatic Leukemia — Date of onset Sept 1934

Other contributory causes of importance:

Pulmonary edema

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ..... 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Keiler Morris M. D.

(Address) 1179 N. Calvert St.

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

EC. 3

18508 HEALTH DEPARTMENT—CITY OF BALTIMORE 18508

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N. 33rd St., 13 Ward)

Length of residence in city or town where death occurred 25 yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie J. Leishure

(a) Residence: No. 814 N. 33rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	white	Widow

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Samuel E. Leishure

6. DATE OF BIRTH (month, day, year) Sept 8 1854.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	3.	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leesburg Va.

FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Mahala Kidwell

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs Isabella M. Leishure
(Address) 814 N. 34 st.

18. BURIAL, CREMATION, OR REMOVAL
Place Hillcrest Laurel Md. Date Dec 14 -35 19

19. UNDERTAKER J. Walter Davis
(Address) 1318 Eastwood ave.

20. FILED DEC 12 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1935, to Dec 11th, 1935

I last saw her alive on Dec 11th, 1935. Death is said to have occurred on the date stated above, at 6.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIO SCLEROTIC CORONARY DISEASE WITH HYPERTENSION	1934
CARDIAC HYPERTROPHY	
Other contributory causes of importance: MYOCARDIAL FAILURE	1935

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Frances M. Fuller, M. D.

(Address) 90. St. 3rd Ave. St.

Information desired in plain terms, so that it may be understood. State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1268-9

F 18509

18509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Shuter St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Hugh Sherman Stevens

If U. S. Veteran specify WAR .....

(a) Residence: No. 816 Shuter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ellen Stevens (Wife)

(Address) [redacted] Lorraine St. Shuter

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 12 1935

19. UNDERTAKER Edward Bryan

(Address) 1647 Orleans St.

20. FILED DEC 12 1935 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/4/35

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [redacted] M. D.

Coroner

(Address) 3507 Eastern Ave

Information should be given in plain terms, so that it may be properly coded. State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

F 18510

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18510

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 Belair Rd. St., 9 Ward) 43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eliza Rebecca McDermott

(a) Residence: No. 3801 Belair Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Francis McDermott

6. DATE OF BIRTH (month, day, year) Dec. 22, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Richard Elliott

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah E. Smith

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Jones (Address) 112 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec. 13, 1935

19. UNDERTAKER George W. Zickler (Address) 1737 E. Eagle St.

20. FILED DEC 12 1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North Ave.

Information should be given in plain terms, so that it may be properly coded. State CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificate. OCCUPATION is very important.

F 18511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18511

82-a

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Jefferson St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No.

2. FULL NAME Anton Hrbek

(a) Residence: No. 2211 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Hrbek

6. DATE OF BIRTH (month, day, year) April 27-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81.	7 mo	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheelwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) 1907

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Uhfiisky-Imovice Czechoslovakia

FATHER

13. NAME Jacob Hrbek

14. BIRTHPLACE (city or town) (State or country) Uhfiisky Imovice Czechoslovakia

MOTHER

15. MAIDEN NAME Francis Hensluk

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Emilie Hrabetsky

(Address) 2211 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakhill Cemt. Date 12/13 1935

19. UNDERTAKER George W. Zinkan

(Address) 1737 E. Eager St.

20. FILED DEC 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935 to Dec 10 1935

I last saw him alive on Dec 10 1935 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset
11/1/35
11
1902

Other contributory causes of importance—

Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Ryan M. D.

(Address) 701 Cathedral St.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 18512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18512

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 766 W Hamburg St. 21 Ward)

Length of residence in city or town where death occurred 30 yrs. 2 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Malatesta

(a) Residence. No. 766 W Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rita Malatesta

6. DATE OF BIRTH (month, day, year) Feb 25 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 4 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Benedict Malatesta

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Olivia Crota

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rita Malatesta
(Address) 766 W Hamburg St

18. BURIAL, CREMATION, OR REMOVAL. New Cathedral Date Dec 13 1935

19. UNDERTAKER Towell & Byers Inc
(Address) 1017 W Cross St

FILED DEC 12 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Dec 10 1935

I last saw him alive on Dec 10 1935 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-7-35
Other contributory causes of importance: Myocarditis Hemiplegia Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis J Wholey M. D.

(Address) 1112 W Baltimore St

INSTRUCTIONS: Fill in this CERTIFICATE OF DEATH in plain terms, so that it may be properly understood. Be sure to state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

18513 HEALTH DEPARTMENT—CITY OF BALTIMORE 18513

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Baker

(a) Residence: No. 300 South Catherine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-28-35

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Oscar Baker

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Lillian Hyes

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Lillian Baker

(Address) 300 S. Catherine St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Dec, 14, 1935

19. UNDERTAKER George L. Lehnert.

(Address) 7101 Bridwell Ave

Filed DEC 12 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1935, to 12-11, 1935

I last saw h alive on 12-11, 1935. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11-28-35
Peritonitis	12-10-35
Septicemia	12-10-35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R B Gosney M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

18514 F 18514

CERTIFICATE OF DEATH

Registered No. 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Hamilton Terrace 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christine L. DeRosa

(a) Residence: No. 813 Hamilton Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin DeRosa

6. DATE OF BIRTH (month, day, year) Nov 25, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72		11 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Daniel Schaefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Ernst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Peter J. DiPietro

(Address) 115 S. Chester

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 13 1935

19. UNDERTAKER Frank V. Pipitone

(Address) 28 E. Balto St

20. FILED DEC 12 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931 to Dec. 10, 1935

I last saw her alive on Dec. 8, 1935 Death is said to have occurred on the date stated above, at 7 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (Angina Pectoris)	11 31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Pesaro M. D.

(Address) 514 Drury Lane

Information asked for on this certificate is necessary for the registration of the fact. Please state CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 1268-9

18515

HEALTH DEPARTMENT—CITY OF BALTIMORE

18515

CERTIFICATE OF DEATH

932

1. PLACE OF DEATH Church Home and Infirmary — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. N. Broadway St., 9 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Daniel J. Bolger

(a) Residence: No. 1820 E. 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A. Bolger

6. DATE OF BIRTH (month, day, year) Feb. 29, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Bolger

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Fullum

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary A. Bolger
(Address) 1820 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 14, 1935

19. UNDERTAKER Frank V. Cipitone
(Address) 2518 E. Baltimore

DEC 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1935 to Dec. 11, 1935

I last saw him alive on Dec. 11, 1935 Death is said to have occurred on the date stated above, at 9.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Failure	1931
Other contributory causes of importance: Coronary Disease	1931

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl H. Zeigler, M. D.

(Address) Church Home and Infirmary

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

F 18516 ✓ F 18516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Mercy Hosp. St., 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Eckert — If U. S. Veteran specify WAR

(a) Residence: No. 3616 Kirk St. Brooklyn Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Eckert

6. DATE OF BIRTH (month, day, year) Dec 17, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward Eckert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary —— ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hosp. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross cem Date 12/13/35 19

19. UNDERTAKER J. J. Fahey & Sons
(Address) 923 E Light St

20. FILED DEC 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-9- , 1935 to 12-10- , 1935

I last saw him alive on 12-10- , 1935 Death is said to have occurred on the date stated above, at 5.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	5 yrs

Other contributory causes of importance:

Chronic Granular Nephritis with uremia	1 mo.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Irving Gelston, M. D.
(Address) Mercy Hosp

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

v 9 2

18517 HEALTH DEPARTMENT—CITY OF BALTIMORE 18517

CERTIFICATE OF DEATH

161-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 601 S. Kenwood Ave. St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John Hosza
(a) Residence: No. 601 S. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 11/35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John Hosza
14. BIRTHPLACE (city or town) (State or country) Australia
15. MAIDEN NAME Estella Kujawa
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) John Hosza 601 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanaslaus Date Dec. 13/35

19. UNDERTAKER Fillyo Zeiler & Son
(Address)

20. FILED 19 Registrar

DEC 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11/35. 19

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1935 to December 11 1935
I last saw him alive on Dec. 11 1935 Death is said to have occurred on the date stated above, at 11:20 P. M.

The principal cause of death and related causes of importance were as follows:
Atelectasis neonatorum — Date of onset 12-11-35

Other contributory causes of importance:
Maternal dystocia

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. B. Bronnhar, M.D. M. D.
(Address) 3037 Dorithea Pl

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

VS 3

M. D. B 1268-9

E 18518

18518 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Reedon St. Fairfield. St., 25 Ward)

Length of residence in city or town where death occurred 15 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Lee Tucker.(C)

(a) Residence: No. 3301 Reedon St. Fairfield. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Clyde Tucker(C)

14. BIRTHPLACE (city or town) (State or country) St.Louis, Mo.

MOTHER

15. MAIDEN NAME Essie Mayo.(C)

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Jennie Mayo.(C)grandmother.
(Address) 3301 Reedon St.Fairfield.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/12/35 19

19. UNDERTAKER Robert W. Wilkinson
(Address) 1515 W. Eden St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H. Einhardt, M. D.
Coroner

12/9/35 (Address) 1017 E. Charles St.

State OCCUPATION is very important. See instructions on back.

F 18519

18519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Grace R. Brown Mrs. Elliott City
(a) Residence: No. Wilkins Rd. Baltimore Co. Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced (or) WIFE of George Brown

6. DATE OF BIRTH (month, day, year) Sept 3, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56 55	3	9		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Robert Keene
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Ella Eberts
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) George Brown Jr. Ellicott City

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cem. Date Dec 15, 1935

19. UNDERTAKER (Address) J. Lee Higinbotham Ellicott City Md

20. FILED Dec 12 1935 Harriet Lee Hutton Registrar. NPN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11- 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1935 to Dec. 11 1935
I last saw her alive on Dec 7 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	Nov 23
Hypostatic	" 23
Edema	Dec 1
Cardiac Failure	Dec 11

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Blood Chemist Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Chas. H. Reiner, M. D.
(Address) University Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

DEC 12 1935

F 18520

18520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Owens

(a) Residence: No. 1034 Wilmer Alley Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 8/1/1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 12/15/ , 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/9, 1935 to 12/11, 1935

I last saw him alive on 12/11 1935 Death is said to have occurred on the date stated above, at 5 3/4 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Myocardial insufficiency	5 wks
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

F 18521

18521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1014 Williams St. 24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Anna F. Rogge
(a) Residence: No. 1014 Williams St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm. F. Rogge
6. DATE OF BIRTH (month, day, year): Sept. 28. 1878
7. AGE: Years 57 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER
13. NAME: Lawrence Kirk
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Mary E. Connors
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs. Viola Gardner 402 Sandeda St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: Dec. 14, 1935

19. UNDERTAKER (Address): Margaret H. Flynn 2107 N. Hilton St

20. FILED ..., 19... Registrar.

DEC 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1935 to December 12, 1935
I last saw h.er alive on December 11, 1935 Death is said to have occurred on the date stated above, at 1.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Uterus	Jan 1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of Jan. 1935 & March 1935
For what disease or injury? Jan 1935 Polypus on Uterus.
Name of operation Removal of polypus Jan 1935. March 1935 Exploratory Date of Curettage
What test confirmed diagnosis? Operation. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Henry F. Buettner M. D.
(Address) 1319 Light St. Balto., Md.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

✓ F 18522

18522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amanda V. Terry

(a) Residence: No. 2814 W. North Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A Terry

6. DATE OF BIRTH (month, day, year) 8/23/71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
64	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Henry Bull

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Yates

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bch

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Balto Md Date 12/13 1935

19. UNDERTAKER J. McCormick & Son

(Address) 2214 E. Fayette St

Filed 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/24 1930 to 12/11 1935

I last saw her alive on 12/11 1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion (?) — Date of onset 5 hr.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reuter M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain words. Do not use abbreviations or symbols. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

18523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18523

131

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1624 E. Biddle St., 8 Ward)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Margaret Schlesinger

(a) Residence: No. 1624 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 21 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Schlesinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Maria Brockmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances Schlesinger

(Address) 1624 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date Dec. 13 1935

19. UNDERTAKER Chas. G. Blank

(Address) 742 W. North ave

Date FILED DEC 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1935 to Dec 10 1935

I last saw h.. alive on Dec 10 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 3/35
Other contributory causes of importance: Arteriosclerosis	
Chron Int. Nephritis	
Chron Infec arthritis	1/82

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan I. Lemmon, M. D.

(Address) 7127 Park Pkwy

State CAUSE OF DEATH in such terms that a copy of this certificate will convey to the mind of a physician exactly what is meant. See instructions on back of this certificate. OCCUPATION is very important.

18524 ✓ F 18524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6012 Sefton Ave St., 27 Ward)

Length of residence in city or town where death occurred 1 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Ida Sales Johnson — If U. S. Veteran specify WAR ____

(a) Residence: No. 6012 Sefton Ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olof Johnson

6. DATE OF BIRTH (month, day, year) July 14, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Timothy Busher

14. BIRTHPLACE (city or town) (State or country) Havre De Grace Md

MOTHER

15. MAIDEN NAME Bridget C. Hallahan

16. BIRTHPLACE (city or town) (State or country) Havre De Grace Md

17. INFORMANT Mary E. Wilhelm

(Address) 7912 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL
Oakland Cem Date 12/15, 1935

19. UNDERTAKER Leonard J. Rueck
(Address) 5305 Harford Rd

20. FILED DEC 12 1935 Thomas J. Feehan, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 35, to Dec 8th 35

I last saw her alive on Dec. 8th, 1935. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation — Date of ____

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Francis L. Bayli M. D.

(Address) 6077 Harford Rd.

state CAUSE OF DEATH in plain English. OCCUPATION is very important. See instructions on back of certificate.

C 12 1935

18525 ✓ E 18525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-B

1. PLACE OF DEATH Mercy Hosp. H. Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Miles If U. S. Veteran specify WAR

(a) Residence: No. California Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14th 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 60		11	11 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ignatius Miles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Betty Thomas

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Self.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
California St Mary's Co. Md Date Dec 13, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 327 N Schroeder St.

20. FILED DEC 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1935 to Dec 11th, 1935

I last saw him alive on Dec 11th, 1935. Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach a generalized metastases	

Other contributory causes of importance:

Obstruction to bronchi by enlarged glands.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Long M. D.

(Address) Mercy Hosp.

OCCUPATION is very important. See instructions on back.

18526 ✓ F 18526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-C

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd St. 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Bishop Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 202 Aigburth Rd. St. ..... Ward. Towson, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of —

6. DATE OF BIRTH (month, day, year) June 9, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General agent, L.S.R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad executive offices.

10. Date deceased last worked at this occupation (month and year) November, 1935

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William B. Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Jane Cleary

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Date Dec 14, 1935

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

20. FILED Dec 14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) dec. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from nov. 18, 1935 to dec. 12, 1935

I last saw him alive on dec. 12, 1935 Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the cecum, with metastases to the liver.	1931 (?)
Other contributory causes of importance: Parotitis, bilateral	nov. 25 1935

Was an operation performed? yes Date of nov. 22, 1935

For what disease or injury? Cholecystitis with cholelithiasis

Name of operation Exploratory laparotomy Date of 11-22-35

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henrie E. Mast, M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

DEC 12 1935

M. D. B. 1268-9

(Washkewich) ✓ F 18527

18527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Oldham St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Washkewich

(a) Residence: No. 801 Oldham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Washkewich

6. DATE OF BIRTH (month, day, year) May 22 - 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Frank Pilarski

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Anna Nowak

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Alex. Washkewich

(Address) 801 Oldham St

18. BURIAL, CREMATION, OR REMOVAL

Place Russmere Ind. Cem. Date Dec 13, 1935

19. UNDERTAKER Chas L Stearns

(Address) 1501 E Fort Ave

20. FILED Dec 14 1935 [illegible] Registrar.

V S 3 OCCUPATION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1935 to Dec. 9th, 1935

I last saw h alive on Dec. 7th, 1935 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	4 Years
Chronic Ind. Nephritis	4
Myocarditis	1
Other contributory causes of importance:	
Hemiplegia	10 Hrs.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Mayr M. D.

(Address) 24 Eastern Ave

M. D. H. 1268-b

18528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 18528

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Park Ave St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Mary E. Lynch

(a) Residence: No. 811 Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James P Lynch

6. DATE OF BIRTH (month, day, year) May 10, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME Patrick Gaiesty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Julia

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Philip M. Lynch 3003 Gresmont Ave.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Dec. 13, 1935

19. UNDERTAKER (Address) Henry W. Conkey & Sons Co. 1 of McCulloh & Orchard Sts

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 11 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 12 - 2 1935 to 12 - 11 1935

I last saw her alive on 12 - 11 1935 Death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric hemorrhage	Nov 30
Paralytic ileus -	Dec 8

Other contributory causes of importance:

Name of operation ✓ Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Dye Carty M. D.

(Address) 87 W. Preston St.

OCCUPATION is very important. See instructions on back.

DEC 13 1935

✓ F 18529

F 18529 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 89-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Co. Balto Gen Hosp

CITY OF BALTIMORE: (No. 1213 Light St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 10 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nelson Fuhrman

(a) Residence: No. Glenburnie Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 31st 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn Lowry Glass Co

10. Date deceased last worked at this occupation (month and year) Nov 1935

11. Total time (years) spent in this occupation 10 week

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Paul E. Fuhrman

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Carl

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Paul E. Fuhrman

(Address) Marley Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 14th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935 to Dec 12, 1935

I last saw him alive on Dec 12, 1935 Death is said to have occurred on the date stated above, at 1:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lateral sinus Thrombosis	
Terminal Bronchopneumonia	

Other contributory causes of importance:

Mastoiditis

Was an operation performed? yes Date of 12-7-35

For what disease or injury? mastoiditis

Name of operation Radical mastoid Date of 12-7-35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James L. Webb M. D.

(Address) 1213 Light St

state cause of death. See instructions on back. OCCUPATION is very important.

DEC 16 1935

18531 E 18530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 N. Eden St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME William A. Salisbury If U. S. Veteran specify WAR No Record

(a) Residence: No. 1530 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary E. Salisbury

6. DATE OF BIRTH (month, day, year) April 26th 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked this occupation (month and year) Dec 2d 1935

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles S. Salisbury

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rose Parrish

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward S. Salisbury

(Address) 4711 Bayonne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 14th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 ~~Registrar~~

DEC 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 35, 19 to Dec 12 35, 19

I last saw ~~him~~ alive on Dec 12 35, 19 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec 12

Other contributory causes of importance:

None

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Bloltzman, M. D.

(Address) 1203 Eutaw

State OCCUPATION is very important. See instructions on back of certificate.

18531

F 18531 HEALTH DEPARTMENT—CITY OF BALTIMORE 18531

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Hammond

If U. S. Veteran specify WAR .....

(a) Residence: No. 2003 Kelly Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hammond

6. DATE OF BIRTH (month, day, year) Aug. 7, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMANT Mary Squirell

(Address) 410 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Broadneck Cem. Date 12/13/ 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED ..... Registrar

DEC 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1935 to Dec 10, 1935

I last saw h. alive on Dec. 10, 1935 Death is said to have occurred on the date stated above, at 12:30 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Arteriosclerosis	
Left-Hemiplegia	
	avil

Other contributory causes of importance: Myocardial degeneration

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Walter Shennington M. D.

(Address) 1606 Penna. Ave.

OCCUPATION is very important. See instructions.

F 18532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. F 18532

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Hebrew Home for Aged St., Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Sherman

(a) Residence: No. Belvedere & Greenspring Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena Sherman

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Steinhart

(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern Ave Date 12/10 35

19. UNDERTAKER Jack Levy Inc

(Address) 1439 E. Baltimore St

20. FILED

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 12 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 - 18 . 1934 to 12 - 12 . 1935.

I last saw him alive on 12 - 12 . 1935 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy & Dilatation	
Arteriosclerosis	
Hypertension	
Heart Block	
Chr. Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin M. D.

(Address) Levindale

M. D. B 208 F 18533

F 18533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 16 Albemarle St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Isaac Glick

(a) Residence: No. 16 Albemarle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or, Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
abt	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. real estate agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Russia

FATHER

13. NAME Solomon

14. BIRTHPLACE (city or town) (State or country) Unknown Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Russia

17. INFORMANT Switzer
(Address) Wholesale Fish market

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 12/13 1935

19. UNDERTAKER Jack Levin Inc
(Address) 1434 E. Baltimore St

20. FILED ... 19 ... Registrar

DEC 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Embolism	

Other contributory causes of importance: Chronic myocarditis

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) V. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. Use terminology that will show the kind of work done during the greater part of life.

M. D. B 1268-9

F 18534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 23 Ward)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Meredith Johnson.(C)

(a) Residence: No. 146 W. Hamburg St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) March 17, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lewis Johnson.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Jessie Smith.(C)

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Jessie Johnson.(C)mother.
(Address) 146 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem. Date 12/13 1935

19. UNDERTAKER Walter B. Spriggs
(Address) 597 W. Hamburg St.

DEC 13 1935 1935 Registrar.

OCCUPATION IS VERY Important

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

1st, 2nd and 3rd degree burns of of the body, while playing with paper and oil tank.
Accidental Death.

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? Yes

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/10/35

Where did injury occur? 146 W. Hamburg St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home Howard Apts

Manner of injury Playing with Oil tank.

Nature of injury Burns.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt M. D. Coroner

12/12/35 (Address) 1017 E. Charles St.

18535 ✓ F 18535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., ? Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James C. Schillfarth

(a) Residence: No. 1832 Hope St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 27 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bells. Md

FATHER

13. NAME Frederick G. Schillfarth

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mollie Hoffman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frederick G. Schillfarth
(Address) 1832 Hope St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery, Date DEC. 13, 1935

19. UNDERTAKER Henry Hoeck Sons, Inc.
(Address) 1301 E. Eager St.

[illegible] 19 [illegible] Registrar.

DEC 13 1935

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) December 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1935 to December 11, 1935

I last saw him alive on December 11, 1935 Death is said to have occurred on the date stated above, at 11½ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia - lobar	
2. Emfyema	11th

Other contributory causes of importance:

Was an operation performed? yes Date of 12-10-35

For what disease or injury? Emfyema - rt.

Name of operation Thoracentesis Date of 12-10-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

I [illegible] (Signed) M Wagenseller, M. D.

M.D. (Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. B. 1268-9

18536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~ 108

F 18536

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 18 N. Poppleton St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Rachel Sample

(a) Residence: No. # 18 N. Poppleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem.	Colored	married

6. If married, widowed, or divorced (or) WIFE of James P. Sample

6. DATE OF BIRTH (month, day, year) 4.15.'86

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	8 7	2 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) January, 1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Machipongo, Va.

FATHER

13. NAME George Holt,

14. BIRTHPLACE (city or town) (State or country) Northampton Co. Va

MOTHER

15. MAIDEN NAME Susan Taylor

16. BIRTHPLACE (city or town) (State or country) Northampton Co. Va

17. INFORMANT Laura Susan Butler
(Address) # 18 N. Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 16, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED DEC 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.11.35. 19

22. I HEREBY CERTIFY, That I attended deceased from 12.5.35 . 19 ... to 12.11.35 . 19 ...

I last saw h[illegible] alive on Dec. 11 . 1935 Death is said to have occurred on the date stated above, at 10p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumania	12.3.35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Pair M. D.

(Address) 865 W. Lexington St

STATE CAUSE OF DEATH IN DETAIL. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

18537

HEALTH DEPARTMENT—CITY OF BALTIMORE

18537

CERTIFICATE OF DEATH ✓ 34-E-131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Stanley

(a) Residence: No. 617 N Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Stanley

6. DATE OF BIRTH (month, day, year) 12-26-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alec Squirrell

14. BIRTHPLACE (city or town) (State or country) ? Md

MOTHER

15. MAIDEN NAME Anna Benson

16. BIRTHPLACE (city or town) (State or country) ? Md

17. INFORMANT Balto City Hospt
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 12-14-1935

19. UNDERTAKER Byron Mamie H. Wright
(Address) 128 Mc Elderry St

20. FILED DEC 13 1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-30-1935 to 12-10-1935

I last saw her alive on 12-10-1935 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Other contributory causes of importance: Chronic Nephritis	?
Cerebro Spinal Syphilis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Wasserman Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If specified .....

(Signed) Robt J Martin M. D.

(Address) Balto City Hospt

OCCUPATION is very important. Be specific.

V 9 3

DEC 13 1935

Registrar's Office, Trenton, N.J.

F 18538 F 18538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH XV 46-F

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Francis Bauere
(a) Residence: No. Rosemont, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of Margaret Bauere

6. DATE OF BIRTH (month, day, year) June 19, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John A Bauere
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Dolker
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret Bauere
(Address) Rosemont Md

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12/16 1935

19. UNDERTAKER Edmund Walter
(Address) 628 Washington Blvd

20. FILED [illegible] Registrar.

DEC 19 1935

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1935 to December 12, 1935
I last saw him alive on December 12, 1935 Death is said to have occurred on the date stated above, at 10 30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma head of pancreas	
2. generalized visceral metastases	

Other contributory causes of importance:

Was an operation performed? yes Date of 11-22-35
For what disease or injury? Ca head of pancreas
Name of operation Exploratory lap Date 11-22-35
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. J. Wagenseller M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

Spec.—1-10-21—M&T—1500 Bks.

F 18539 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18539

CERTIFICATE OF DEATH. V 159

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 E. Carley St., 7 Ward)

2-FULL NAME Baby boy Thomas

(a) RESIDENCE NO. 518 E. Carley St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 hrs ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND) of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/11/35

7 AGE — Years — Months — Days — If LESS than 1 Day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER George Elmer Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Angela Bessie Mummert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Angela Bessie Mummert 518 E Carley St

15 Filed ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11 19 35

17 I HEREBY CERTIFY, That I attended deceased from 12-11 19 35 to 12-11 19 35, that I last saw h... alive on 12-11 19 35, and that death occurred, on the date stated above, at 5 20 P m.

The CAUSE OF DEATH* was as follows:

Asphyxiation

(duration) ... yrs. ... mos. 4 hrs ds.

CONTRIBUTORY (Secondary) Premature

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. C. Silansky M. D.

19 (Address) 2939 E Oliver St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: J. H. Med Bolivia

DATE OF BURIAL ... 19 35

20 UNDERTAKER: Edward J. Galvin

ADDRESS Balto Md

Bur. Rec. & Vouchers

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. ATTENTION is very important.

Feb 13 1935 19 32

F 18540

F 18540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1643 N. Fulton ave. Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME George R. Ballard

(a) Residence: No. 1643 N. Fulton ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	widowed

5a. If ~~married, widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Josiene I Ballard

6. DATE OF BIRTH (month, day, year) Jan 31. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt Police Force

10. Date deceased last worked at this occupation (month and year) Nov 1935

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Md

MOTHER FATHER

13. NAME Wash Ballard

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md

15. MAIDEN NAME Henrietta Russell

16. BIRTHPLACE (city or town) (State or country) Worcester Co. Md.

17. INFORMANT (Address) G. C. Ballard Ex more Md

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem Date 12/14/35

19. UNDERTAKER (Address) Joseph Sykes 601 N Charles

20. FILED ... Registrar

OCCUPATION IS VERY IMPORTANT

DEC 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3. 1935 to Dec 12 1935

I last saw h alive on Dec 12 1935 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate + metastasis

Date of onset July 1935

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? X ray + Path Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Paul Brown M. D.

(Address) 1663 W. North ave.

M. D. B 1268-9

18511 HEALTH DEPARTMENT—CITY OF BALTIMORE 18511

CERTIFICATE OF DEATH

Registered No. 93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 E. Pratt St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Henry Norfolk

(a) Residence: No. 2412 Eiseman St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Nov 24 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Norfolk

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elmira Foltz (probably)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Elmira Foltz (Address) 914 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Lawn. Date Dec 13, 1935

19. UNDERTAKER Frank Dallahan (Address) 52 N. Morley St.

20. FILED DEC 13 1935, 19... Registrar

OCCUPATION IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest ... find that said deceased came to h... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
probably Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way ~~related~~ to occupation of deceased?

If so, specify ...

(Signed) H. Truly Hughes Coroner, M. D.

(Address) 1010 S. Ellwood Ave

M. D. B. 1268-9

F 18542

8542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94 B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S. Broadway St., Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Life

2. FULL NAME JOHN HENRY LEDERER

(a) Residence: No. 105 S. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Jan. 28, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Confectioner 0019

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 30yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Lederer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emily Allen

16. BIRTHPLACE (city or town) (State or country) Troy New York

17. INFORMANT Mrs. Lewis J. Lederer (Aunt)

(Address) University Apts.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Dec. 14. 1935

Place 19

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. T. Sander

(Address) Baltimore & Broadway.

20. FILED DEC 13 1935 19 Registrar.

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1935 to Dec. 11 1935

I last saw him alive on Dec. 10 1935 Death is said to have occurred on the date stated above, at 9.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Dis Heart	3 mos.
Other contributory causes of importance:	
Cerebral Hemorrhage	1 wk

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. S. Nail, M. D.

(Address) 408 S. Pattison Park Ave

8543 F 18543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 North Kenwood Avenue St., 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Elizabeth Neville

(a) Residence: No. 9 North Kenwood Avenue St., 6th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Henry Neville

6. DATE OF BIRTH (month, day, year) July 31, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	11/0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt Laundress

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Matthew Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Daniel Blair
(Address) 9 E Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hour Redeemer Date Dec 14, 35

19. UNDERTAKER John F. Moran
(Address) 3000 E. Balto St

20. FILED Huntington Station, N.Y. Dec 14 1935

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1935 to December 11, 1935

I last saw her alive on December 11, 1935. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Dec. 4, 1935
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of ----

For what disease or injury? ----

Name of operation Clinical Examination Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo W. Morgan III M.D.

(Address) 401 East 20th Street

C 13 1935

F 18544

8544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Spinnato

(a) Residence: No. 2804 Mayfield Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fruit dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Nicholas Spinnato

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Marcale

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Nicholas Spinnato

(Address) 2804 Mayfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 16, 1935

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

20. FILED DEC 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) dec 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-28-35, 19..., to 12-12-35, 19...

I last saw him alive on 12-12-35 19... Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

Suppurative Mastoiditis — Date of onset

Other contributory causes of importance:

Septicemia

Lateral Sinus Thrombosis

Was an operation performed? Yes 11-28-35 Mastoid

For what disease or injury? 12-5-35 Ligation of Int. jugular Vein

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) c/o Mercy Hospital

OCCUPATION is very important.

9545 B 18545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 97

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael M. Palewski

If U. S. Veteran specify WAR .....

(a) Residence: No. 927 S. Ell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Out of Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 14, 1935

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

21 1935 Huntington Ave

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/30, 1935, to 12/11, 1935

I last saw him alive on 12/11, 1935 Death is said to have occurred on the date stated above, at 12 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Senility	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

F 18546

8546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt Ward) 13

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel J. Bowers

(a) Residence: No. 3313 Chestnut Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 6-13-1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ? Md

FATHER

13. NAME Frederick Bowers

14. BIRTHPLACE (city or town) (State or country) ? Md

MOTHER

15. MAIDEN NAME Mary Boswell

16. BIRTHPLACE (city or town) (State or country) ? Md

17. INFORMANT Balto City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Chestnut Ridge
Place Grace M. E. Church Cem. Date Dec. 16/35

19. UNDERTAKER Walter Davis
(Address) 3418 Chestnut Ave.

20. FILED DEC 13 1935 [illegible]
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-13-35, 19.. to 12-12, 1935

I last saw him alive on 12-12, 1935 Death is said to have occurred on the date stated above, at 11.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?

Other contributory causes of importance: Metastatic Carcinoma intestines & mesentery ?

Was an operation performed? yes Date of 1930

For what disease or injury? Carcinoma of prostate

Name of operation Prostatectomy Date of 1930

What test confirmed diagnosis? Histology Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robt F. Martin M. D.

(Address) Balto City Hospt.

OCCUPATION IS NOT [illegible]

F 18547

8547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3337 Windsor Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie L. Walsh

(a) Residence: No. 3337 Windsor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 12, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William H. Walsh

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anne R. Conradt

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Nannie E. Chambers

(Address) 3339 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Cemetery Date Dec 14, 1935

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1935

22. I HEREBY CERTIFY That I attended deceased from April 15—35 to Dec. 12 1935

I last saw h[illegible] alive on Dec. 12, 1935 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12-9-35
coma	

Other contributory causes of importance: Myocardial degeneration 2 yrs ?
Arteriosclerosis.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harry E. Nilson M. D.

(Address) 3 N. Biddle St.

OCCUPATION is very important

F 18548

M. D. B 1268-9

18548 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 121

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm. H. Nicolaus Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 21 N. Montford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 30 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. H. Nicolaus Sr.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Madaline Sellmann

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Wm. H. Nicolaus Sr.
(Address) 21 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Dec. 14 19 35

19. UNDERTAKER Philip Arnold Sons
(Address) 2016 Eutaw St

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 19 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	

Other contributory causes of importance:

Peritonitis	

Was an operation performed? Yes Date of 12/11/35

For what disease or injury? Ruptured appendix & peritonitis

Name of operation Drainage Date of 12/11/35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schnitzer, M. D.
Coroner

(Address) 1919 E. Fayette St.

8549 F 18549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

2. FULL NAME Mrs Anthony Brooks
If U. S. Veteran specify WAR

(a) Residence: No. 2520 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13 1913

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
22	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt-Md.

FATHER

13. NAME Ignatius Brooks

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Adele Bernhard

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 12/17/35

19. UNDERTAKER Chas B. Kuchsarbas
(Address) 632 South Paca St

20. FILED 12/13/1935 Huntington Ave. Station

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11- 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-7- 1935 to 12-11- 1935

I last saw him alive on 12-11 1935 Death is said to have occurred on the date stated above, at 2.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. P. Stephens M. D.
(Address) Md. Gen. Hosp

F 18550

18550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Buena Vista Ave. St., 13 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susan Rebecca Pace

(a) Residence: No. 3502 Buena Vista Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdenand Nace

6. DATE OF BIRTH (month, day, year) Nov. 21 - 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co. (State or country) Maryland

FATHER

13. NAME William Thomas Williams

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Ann —

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Lillian M. Taylor

(Address) 3629 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys Cemetery Date Dec. 14 1935

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Gralla Road

20. FILED Dec 13 1935 Hamilton Baltimore, Md. Registrar.

OCCUPATION IS very important

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1935, to Dec 12, 1935

I last saw h.. alive on Dec 12, 1935 Death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Vascular Disease	12-9-35
Uremia Intoxication	" "
Other contributory causes of importance: Myocardial Insufficiency	12-11-35

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

(Address) .....

F 18551

M. D. B 1268-9

8551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Rutland Ave. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John N. Russell

(a) Residence: No. 1725 Rutland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ella C. Russel

6. DATE OF BIRTH (month, day, year) June 2, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Andrew J. Russell

14. BIRTHPLACE (city or town) (State or country) Balto. County Md.

MOTHER

15. MAIDEN NAME Ellen Bowen

16. BIRTHPLACE (city or town) (State or country) Balto. County Md.

17. INFORMANT Ella C. Russell
(Address) 1725 Rutland ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn cem Date Dec 16, 1935

19. UNDERTAKER Geo. W. Little
(Address) 1200 Edmondson ave.

20. FILED DEC 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schenley, M. D.
Coroner

(Address) 1918 E. North Ave.

USE OCCUPATION IN VERY IMPORTANT

F 18552

8552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Mercy Hosp. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Mack If U. S. Veteran specify WAR .....

(a) Residence: No. 902 Tyson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Mack

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Louis Butler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary (?).

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT self.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Auburn Cem. Date DEC 14 1935

19. UNDERTAKER Adolphus Talbot.
(Address) 9 S Eutaw Ave

DEC 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12th, 1935 to Dec 12, 1935

I last saw her alive on Dec 12 1935 Death is said to have occurred on the date stated above, at 3 15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast.	
C. generalized metastases.	

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 27th.

For what disease or injury? Ca of breast.

Name of operation Amputation of breast Date of Aug 27th

What test confirmed diagnosis? microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. F. Kane, M. D.

(Address) Mercy Hosp.

8553

F 18553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 152

1. PLACE OF DEATH The Union Memorial Hospital Md D. Registered No.

CITY OF BALTIMORE: (No. ..... St., 1 E Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Virginia Worrell If U. S. Veteran specify WAR No Record

(a) Residence: No. ..... Street, Md St., ... Ward.
(Usual place of abode) 2 days (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 22. 1922

7. AGE 13	Years 13	Months 9	Days 20	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Street, Maryland

FATHER

13. NAME William H Worrell.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Minnie Jennings

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs R. D. Dennison

(Address) New York City

18. BURIAL, CREMATION, OR REMOVAL Not Buried

Place Zion Cmetery Date 12/14 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED Huntington [illegible] 1935 [illegible]

OCCUPATION IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-11 1935 to 12-12 1935

I last saw her alive on 12-12 1935 Death is said to have occurred on the date stated above, at 11:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Meningitis {Staphylococcus pneumococcus}	12-2-35
Retro bulbar abscess right	11-6-35

Other contributory causes of importance:
Tonsilectomy 3 weeks ago (questionable cause)

Was an operation performed? yes Date of 12-11-35

For what disease or injury? retro bulbar abscess right

Name of operation Incision & drainage Date of 11-11-35

What test confirmed diagnosis? Cult Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Robin Kerr M. D.

(Address) Union Memorial Hosp 33rd Calvert St Balto

DEC 14 1935

✓ F 18554

8554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Thomas Elliot

(a) Residence: No. Sycamore Ave - Sparrows Ward Pt. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

FATHER

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Algernon Smith

(Address) Sycamore ave Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/16 19 35

19. UNDERTAKER Wm A Jackson

(Address) 916 Penna ave

DEC 14 1935 Pittsburgh Pennsylvania

OCCUPATION IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.14 .1935

22. I HEREBY CERTIFY, That I attended deceased from 11.27 .1935 to 12.14 .1935

I last saw him alive on 12.14 1935 Death is said to have occurred on the date stated above, at 9.45 a. m.

The principal cause of death and related causes of importance were as follows:

Gastric carcinoma — Date of onset 7.15.35

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. L. Jackson M. D.

(Address) 606 N. Arlington Ave

M. D. B 1268-9

18555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 18555

1. PLACE OF DEATH Baltimore City General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] St., 9 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah H.Hackett

(a) Residence: No. 2005 Kennedy Ave? St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Feby.11.1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sudlersville Md.

FATHER

13. NAME Joseph B.Hackett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Georgeanna Dudley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Esta F.Hellweg

(Address) 1223 E.North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sudlersville Md. Date Dec 16.1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

Filed Dec 14 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.13.1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance Fracture left femur	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury Nov 26 1935

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? at home 2005 Kennedy Ave

Manner of injury Fall off a chair

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. H. Wright, M. D.
Coroner

(Address) 1010 S.Elwood Ave.

State CAUSE OF DEATH in this case very carefully and fully. See instructions on the other side. OCCUPATION is very important.

Case C 14 1935

18556 ✓ F 18556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 St Paul St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Louise Reynolds

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2701 St Paul St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Luther M. Reynolds

6. DATE OF BIRTH (month, day, year): Feby 20 1843

7. AGE: Years 92 | Months 9 | Days 22 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore. Maryland.

FATHER

13. NAME: Thomas Willis.

14. BIRTHPLACE (city or town) (State or country): Alford Maryland.

MOTHER

15. MAIDEN NAME: Ellen Belt

16. BIRTHPLACE (city or town) (State or country): A A Co Maryland

17. INFORMANT: Mrs Thos. Reynolds (daughter-in-law)

(Address) Alford - Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Dec-14/35 19

19. UNDERTAKER: Stewart Mongan Co.

(Address) 108 W Monument St.

20. FILED: DEC 14 1935 19 ... Registrar ... 12/14/35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 12th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1935 to Dec 12, 1935

I last saw her alive on Dec 12, 1935. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Rectum	?

Other contributory causes of importance: none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hoffman Buck M. D.

(Address) 5 Clark Rd

8557

HEALTH DEPARTMENT—CITY OF BALTIMORE

18557

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2755 Chesterfield Ave. St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George J. Trageser

(a) Residence: No. 1531 Holbrook Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Sommers

6. DATE OF BIRTH (month, day, year) Feb. 11, 1848.

7. AGE Years	Months	Days	If LESS than 1 day — hrs. or min.
87	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Trageser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George A Trageser (Son)
(Address) 1531 Holbrook Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 12/14, 1935

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1725 Harford Ave.

20. FILED DEC 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/13/35 to 12/13/35

I last saw him alive on 12/13/35 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General + cerebral arteriosclerosis	?
Acute gastro-enteritis	12/13/35
Other contributory causes of importance: Cerebral hemorrhage 10:30 P.m.	12/13/35

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) George A Bowden, M. D.

(Address) 1547 E North Ave

✓ F 18558

18558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherds Hosp. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katie Gray

(a) Residence: No. 330 Dolphin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 26 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11 10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME Isaiah Queen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie Murry

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Carrie Murry

(Address) 1627 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 12/14/ 1935

19. UNDERTAKER Frances A. Hendley

(Address) 1711 W. Biddle St.

20. FILED 12-14-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1935 to Dec 12, 1935

I last saw her alive on Dec 11, 1935. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	12/1/35
Partial Coma	?
Secondary Anemia	?
Other contributory causes of importance:	
Cervical Fistula	?
Chronic Pelvic Disease	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert L. Lefevre, M. D.

(Address) 1116 Eutaw Place

A&Co. 5-31 250B

F 18559

HEALTH DEPARTMENT—CITY OF BALTIMORE

8559

CERTIFICATE OF DEATH

107-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp 18 Ward)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Powell

(a) Residence: No. 1220 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 24, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lawrence Powell
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Alberta Groseche
16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Alberta Powell
(Address) 1220 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 12/14 1935

19. UNDERTAKER Frederick A Dole
(Address) 1200 W Lombard St.

20. FILED DEC 14 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1935, to Dec 12, 1935
I last saw h... alive on Dec 9, 1935 death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-5-35

Other contributory causes of importance:

Name of operation none Date of ...
What test confirmed diagnosis? clin Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J Howard Mason, M. D.
(Address) Franklin Sq Hosp

18560 F 18560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3004 Rosekemp Ave St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Clara Barbara Stockdale

(a) Residence: No. 3004 Rosekemp Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Stockdale

6. DATE OF BIRTH (month, day, year) August 23 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ballo. Md

FATHER
13. NAME Bernard Phillman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Louise Schultheis
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Phillman
(Address) 3004 Rosekemp Ave

18. BURIAL, CREMATION OR REMOVAL
Place Holy Redeemer Cem. Date Dec. 17 1935
Gibson Street & Loch Raven Blvd

19. UNDERTAKER
(Address) 1301 E. Eager St

20. FILED DEC 14 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1935 to Dec 14 1935
I last saw her alive on Dec 13 1935. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 3-35

Other contributory causes of importance:

Was an operation performed? None Date of
For what disease or injury?
Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. L. Gordy M. D.
(Address) 5706 Harford Rd.

M. D. B 1268-9

F 18561

8561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2235 E. Fayette St. St., 6 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR ...

2. FULL NAME George Henry Welfel

(a) Residence: No. 2235 E. Fayette St. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Balto.

MOTHER FATHER

13. NAME Henry A. Welfel

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Emma J. Cochman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frederick T. Keene

(Address) 2235 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date Dec 16 1935

19. UNDERTAKER John Welch & Sons

(Address) Lexington & Howard Sts

FILED 12-14-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and Autopsy found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Fred Rehmeyer Coroner, M. D.

(Address) 1918 E. North Ave.

✓ F 18562

18562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348-107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Sherman

(a) Residence: No. 662 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George

6. DATE OF BIRTH (month, day, year) 1850

7. AGE: 85 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Solomon Epps.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Nattie Causby

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Records Bd H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cmet Date Dec 14 1933

19. UNDERTAKER: Elmer O Wilson
(Address) 600 Pennsylvania Ave

20. FILED Dec 14 1933 Huntington Ave Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/27, 1934 to 12/12, 1933

I last saw her alive on 12/12, 1933 Death is said to have occurred on the date stated above, at 8:10 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Acute

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

H. D. B 1268-9

✓ F 18563

18563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) 11-3

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Hammond

(a) Residence: No. 1138 Myrtle Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Hammond

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie E. Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Annie Hammond

(Address) 1138 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Dec 14th 1935

19. UNDERTAKER Chas J Wilson

(Address) 1000 Pennsylvania Ave

26. FILED ..... 19 ..... Registrar.

OCCUPATION IS NOT SUFFICIENTLY DESCRIBED IF ONLY "LABORER" OR "HOUSEWIFE" IS GIVEN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 12/12 1935

Other contributory causes of importance: —

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen M. D. Coroner

(Address) 507 Augusta St

18564 F 18564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 76 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Miller

(a) Residence: No. 3206 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Miller

6. DATE OF BIRTH (month, day, year) April 13, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Copper Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer. Tube Co.

10. Date deceased last worked at this occupation (month and year) About Nov 25 '35

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Miller

14. BIRTHPLACE (city or town) (State or country) Texas.

MOTHER

15. MAIDEN NAME Mary Omah

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Dec. 16, 1935

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S Monroe

19. FILED DEC 14 1935 Huntington Avenue, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1935 to Dec 13, 1935

I last saw him alive on Dec 12, 1935 Death is said to have occurred on the date stated above, at 6 55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	Dec 11

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) J. Edwin Krouse Jr. M. D.
(Address) Mercy Hospital.

DEC 14 1935

8565 F 18565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 901 Aisquith St., 10 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sister Mary Genesia Haefner

(a) Residence: No. Convent of Notre Dame St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 18, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester, N.Y.

FATHER

13. NAME Louis Haefner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clara Semler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sisters of Notre Dame

(Address) 901 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL

Place Notch Cliff Date Dec, 16, 1935, G

19. UNDERTAKER Geo M, Fink, & son,

(Address) 811, N, Wolfe, St,

20. FILED DEC 14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1935 to December 13, 1935.

I last saw her alive on December 9, 1935. Death is said to have occurred on the date stated above, at 8:20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma of Stomach	1935
Other contributory causes of importance: Metastatic Carcinoma of Liver	1935

Was an operation performed? yes Date of Aug 2/35

For what disease or injury? Coloring Stomach

Name of operation Gastro Enterostomy Date of 8/2/35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) William P. Graglia M. D.

(Address) 10 E. Biddle St

F 18566

8566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

347-93-D

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Howard Deitz
(a) Residence: No. 406 Burns Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of Rosella.
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/25/1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Daniel Deitz
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Katherine Proft
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Dec. 16 1935
19. UNDERTAKER George L. Schwat
(Address) 2101 Frederick Ave
20. FILED 12/16 1935 Harrington Filbert Registrar
8 KFN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/10 1935 to 12/13 1935
I last saw him alive on 12/13 1935 Death is said to have occurred on the date stated above, at 12:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 wk.
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reis M. D.
(Address) Balto City Hosp

H. D. S. 1268-9

F 18567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N. Bethel St., 6 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Dillard. World War

(a) Residence: No. 427 N. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Caleb Dillard

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ellen Gordon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Gordon Dillard

(Address) 1011 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Lynchburg Va Date 12/15/35 19

19. UNDERTAKER Robert F. Williams

(Address) 1515 McCulloh St

20. FILED Dec 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1935 to Dec. 13 1935

I last saw him alive on Dec. 13 1935. Death is said to have occurred on the date stated above, at 12 30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/4/35

Other contributory causes of importance:

Toxemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B LeCompte M. D.

(Address) 1113 N Caroline St.

D. B 1268-9

8568

F 18568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. Custom House

CITY OF BALTIMORE: (No. Water St., 28 Ward)

Length of residence in city (or town) where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Tidsyrell Maynard

(a) Residence: No. 4206 Fernhill Ave Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elaine A. Maynard

6. DATE OF BIRTH (month, day, year) Oct. 16, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Superintendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S. Custom House

10. Date deceased last worked at this occupation (month and year): 12/13/35

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): St. Louis, Mo

FATHER

13. NAME: William Maynard

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Eleanor S. Tidsyrell

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Elaine A. Maynard

(Address) 4206 Fernhill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cemetery Date: Dec 16 19 35

19. UNDERTAKER: Harry Plitmayer & Son

(Address) 4702 Reisterstown Road

20. FILED 12 14 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5¼ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	1930
Endocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chas B. Wallace M.D.

(Address) 1031 St. Paul St.

M. D. B 1268-9

F 18569

569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 22 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Geneva Pitts

(a) Residence: No. 919 Hillen St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 15 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Pitts

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Jeanette —

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Richard Pitts

(Address) 919 Hillen St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 18 1935

19. UNDERTAKER Robt F Kelly Inc Funeral Dirs

(Address) 1515 Pennsylvania Ave

20. FILED DEC 15 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign tumor of Parathyroid gland.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1919 E. North Ave

D. B 1268-9

18570 HEALTH DEPARTMENT—CITY OF BALTIMORE 18570

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Tate St. Fairfield St., 25 Ward)

Length of residence in city or town where death occurred 15 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Wilson.(C)

(a) Residence: No. 3304 Tate St. Fairfield St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, HUSBAND of XXXXXXXXXX Minnie Wilson.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	48	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Minnie Wilson(C) wife.
(Address) 3304 Tate St. Fairfield.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 12/15 23, 19

19. UNDERTAKER Wm H. Jackson
(Address) 716 E Pratt and

DEC 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Edward Eimbardt, M. D.
Coroner

12/14/35 (Address) 1017 E. Charles St.

F 18571

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18571 ✓ 131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2801 Montebello Terrace (Ward))

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Meloina S. Butler — If U. S. Veteran specify WAR No Record

(a) Residence: No. 2801 Montebello Terrace Ward. ... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of John H. Butler

6. DATE OF BIRTH (month, day, year) June 11th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Nimrod Buckingham

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Herbert W. Butler 1701 Balt st

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec 16th 1935

19. UNDERTAKER (Address) Wm Cook 2207 St Paul st

20. FILED ... 19... ... Registrar.

DEC 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from October 1935 to Dec 14 1935

I last saw h alive on Dec 13 1935. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

Chr. nephritis — Date of onset 1935

Other contributory causes of importance: Uw

Was an operation performed? ... Date? ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. H. & Idamay ... M. D.

(Address) 2700 Hartford Av

F 18572

18572 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 E. Preston St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary C. Hoover

(a) Residence: No. 1113 E. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ WIFE of Joseph M. Hoover

6. DATE OF BIRTH (month, day, year) Mar 5th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
73	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick G. Buckholz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Hibner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jos. J. Cashman
(Address) 2532 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 16th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED DEC 15 1935 ~~Registrar~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-10-, 1935 to 12-13-, 1935.

I last saw her alive on 12-13, 1935. Death is said to have occurred on the date stated above, at 3:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arteriosclerosis	yrs.
Chronic nephritis.	
Hypertension	
Other contributory causes (if important): Myocarditis - acute	4 days

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. Spencer M. D.

(Address) Medical Arts Bldg.

8573

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

F DEATH: State MARYLAND Registered No.

or Village or

hip Baltimore No. 2804 Lake Ave St., Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

idence in city or town where death occurred Life yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

AME George Vincent Burns

nce: No. 2804 Lake Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

, widowed, or divorced
ND of
E of: Lula C Burns

BIRTH (month, day, and year): March 5 1861

Years	Months	Days	If LESS than 1 day,
74	9	9	hrs. or mins.

, profession, or particular
d of work done as spinner,
yer, bookkeeper, etc.: Messenger Retired

stry or business in which
k was done, as silk mill,
n mill, bank, etc.: Home Friendly Inc Co

deceased last worked at
s occupation (month
d year): 193

11. Total time (years) spent in this occupation: 22 1

PLACE (city or town and State or country): Md
Baltimore

ME: John C Burns

THPLACE (city or town and State or country):
Ireland

IDEN NAME: Eliza Stark

RTHPLACE (city or town and State or country):
Ireland

MANT (name and address):
Mrs C Burns, 2804 Lake Ave

AL, CREMATION, OR REMOVAL:
Baltimore Date 12/17, 193 5

TAKER (name and address):
Wilbur Cook 1210 St Paul St

Registrar.

DEC 15 1935 193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 14 193 5

22. I HEREBY CERTIFY, That I attended deceased from June 4th 1935, to Dec 14th 1935, 193

I last saw him alive on December 14, 1935; death is said to have occurred on the date stated above, at 10.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Chronic Cardiac Insufficiency	12 Mos
Other contributory causes of importance:	ago
Diabetes Empagulmens	6
Hypertension	

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury , 193

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify,

(Signed) Edward R. Rauch M.D.

(Address) 2215 N. Howard Ave.

O 16 1935 c11—3184

Spec.—9-30—A. & Co.—250 Bks.

F 18574

18574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 97

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 543 Forestman ST 14 WARD)

2 FULL NAME Caroline D. Owens

(a) RESIDENCE NO 543 Forestman ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~single, Married~~, Widowed, ~~or Divorced~~ (write the word)
F.	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marshall M. Owens

6 DATE OF BIRTH (month, day, and year) Jan. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	-11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Ishmael Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Minta Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Geo. A. Owens 543 Forestman St

15 Filed DEC 15 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-35

17 I HEREBY CERTIFY, That I attended deceased from 11-24, 1935, to 12-11-1935

that I last saw her alive on 12-11-, 1935

and that death occurred, on the date stated above, at 5, a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) — yrs. — mos. 19 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? —

(Signed) C. Mansell Lawrence M. D.

. 19 (Address) 1033 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 12-15 1935

20 UNDERTAKER Wm. Geo. H. Holland ADDRESS 1681 Smith Ave

TION is very important.

18575 18575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 N Exeter St., 5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Simon Schoolnick

(a) Residence: No. 142 N Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color and Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie

6. DATE OF BIRTH (month, day, year): Nov 5 1865

7. AGE: Years 70 | Months —1 | Days —8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Phillip Schoolnick

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Ida Feale

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Bessie Schoolnick

(Address) 142 N Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place: Gibson Memorial Date: Dec 15, 1935

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1122 E Balto St

20. FILED 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1935, to Dec. 11th, 1935

I last saw him alive on December 11th, 1935. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of oesophagus and cardiac end of stomach — Date of onset: Existing

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Maurice Fine, M. D.

(Address) 1241 Linwood St.

F 18576

18576 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH Sinai Hospital
CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rachel Goodman

(a) Residence: No. 3709 Dorchester Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Abraham

6b. DATE OF BIRTH (month, day, year) May 10. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 6827

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Max Sachs
(Address) 3709 Dorchester Road

18. BURIAL, CREMATION, OR REMOVAL
Place Bnai Israel Cemetery Date Dec 15 1935

19. UNDERTAKER Sol Simpson & Bro
(Address) 1627 E Balto St

DEC 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1935 to Dec. 13, 1935

I last saw her alive on Dec. 13, 1935 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Sidney Lenas, M. D.

(Address) Sinai Hospital

F 18577 ✓ F/18577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 N Stamburg St., 21 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John Geo Medel

(a) Residence: No. 525 N Stamburg St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rose Medel

6. DATE OF BIRTH (month, day, year): Nov 4-1857

7. AGE — Years: 18 | Months: 1 | Days: 9 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Baker~~ Glass Blower 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Glass Blowing

10. Date deceased last worked at this occupation (month and year): ___

11. Total time (years) spent in this occupation: ___

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John Paul Medel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Barbara Bennett

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Rose Medel

(Address): 525 N Stamburg

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: Dec 17-1935

19. UNDERTAKER: J. J. Sterr & Son

(Address): 3001 Eutaw Ave

20. FILED ___ 19 ___ Registrar

DEC 13 1935

OCCUPATION IS VERY IMPORTANT

S 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1935 to Dec. 13, 1935

I last saw him alive on Dec. 13, 1935. Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio renal disease	Apr. 2nd, 1935

Other contributory causes of importance:

- - - -

Name of operation: none Date of: ---

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ---

(Signed) Harry Leibel M. D.

(Address) 1224-1226 Hanover St.

12/14/35

F 18578

18578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Normandy Ave. St., 20 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James A. McCloskey

(a) Residence: No. 504 Normandy Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced RUSBAND of (or) WIFE of Laura V. McCloskey { nee Ring }

6. DATE OF BIRTH (month, day, year) May 8, 1890.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seed Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Seed Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME James J. McCloskey

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Laura V. McCloskey
(Address) 504 Normandy Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 16, 1935

19. UNDERTAKER [illegible]
(Address) 4101 Edmondson Ave.

20. FILED DEC 16 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935, to Dec. 13, 1935

I last saw him alive on Dec. 13, 1935. Death is said to have occurred on the date stated above, at 7.55 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis — Date of onset June 1935
Hypertension — " "

Other contributory causes of importance:

diabetes — 1934

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None Date of No

What test confirmed diagnosis? Lab. + clinical symptoms. Was there an Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Frank H. Ogden, M. D.

(Address) 2701 N. Calvert St.

18579 ✓ N 18579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-C-94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 W. Baltimore St. St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard C. Smallwood

If U. S. Veteran specify WAR .....

(a) Residence: No. 2019 W. Baltimore St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie B. Smallwood (nee Ridgeway)

6. DATE OF BIRTH (month, day, year) Jan. 30, 1891.

7. AGE: 44 Years | 10 Months | 13 Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Boiler Maker B. & O. R.R.

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

FATHER

13. NAME: Robert Smallwood

14. BIRTHPLACE (city or town) (State or country): Washington, D. C.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Elsie B. Smallwood 2019 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Date: Dec. 17, 1935

19. UNDERTAKER (Address): Harry E. Metzke 4101 Edmondson Ave.

FILED DEC 16 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 5 1930 to Dec 5 1935

last saw him alive on Dec 5 1935 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Arterio Sclerosis & Coronary Disease	
Old hemiplegia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Workman M. D.

(Address) 1501 Eutaw Place

18580 F 18580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Juniper Road St. 17 Ward)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph S. Clarke

(a) Residence: No. 3811 Juniper Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mollie Mahon

7. DATE OF BIRTH (month, day, year) April 28, 1872

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Anthony Clarke

14. BIRTHPLACE (city or town) (State or country) --------- Ireland

MOTHER

15. MAIDEN NAME Brigid Mulligan

16. BIRTHPLACE (city or town) (State or country) --------- Ireland

17. INFORMANT Miss Catherine Clarke
(Address) 3811 Juniper Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 12/16 1935

19. UNDERTAKER Henry W. Meyer & Son
(Address) 409 N. Eutaw St.

20. FILED ..... 19 ..... Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1931 to Dec 13 1935

I last saw h[illegible] alive on Dec 13. 1935. Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis and Myocarditis — Date of onset 5 yrs

Other contributory causes of importance:

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, None

(Signed) Edward L. Smith M. D.

(Address) 920 St Paul St

18581 ✓ F 18581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15½ W Amity St., 18 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Kenneth Hayes

If U. S. Veteran specify WAR .....

(a) Residence: No. 15½ N. Amity St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) July 16 1908

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0088

10. Date deceased last worked at this occupation (month and year) June 35 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Frank Hayes

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Eliza High

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Jessie Hendricks
(Address) 710 Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Douglas County Date Dec 15 1935

19. UNDERTAKER C. Wolfe Talbert
(Address) 908 Druid Hill Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1935 to Dec 12 1935

I last saw ... alive on Dec 11 1935. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	✓

Other contributory causes of importance:

Edema

Was an operation performed? No Date of .....

For what disease or injury? ✓

Name of operation ... Date of ...

What test confirmed diagnosis? Bacteriological an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..., 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify .....

(Signed) J. Edward Fisher M. D.

(Address) 1612 E Monument St

F 18582

C F 18582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. x 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Josiah H. Andrews
(a) Residence: No. Pulaski Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Selma
7. DATE OF BIRTH (month, day, year): 1/20/1906
AGE: Years 29 | Months 11 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0030
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ind

FATHER
13. NAME: Josiah H Andrews Sr
14. BIRTHPLACE (city or town) (State or country): Ind

MOTHER
15. MAIDEN NAME: Josephine Hadepp
16. BIRTHPLACE (city or town) (State or country): Ind

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Seymour Ind Date: Dec 17. 1935

19. UNDERTAKER: John O. Mitchell & Son
(Address): 1902 Eutaw Place

Registrar

FILED DEC 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 14. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935 to Dec 14, 1935
I last saw him alive on Dec 14, 1935 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Generalized	1930
Chronic nephritis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/14/35
For what disease or injury? Hypertension
Name of operation Splanchnicectomy Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar S. Stafford, M. D.
(Address) Johns Hopkins Hospital

No. 18583 ✓ F 18583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Ramsay St. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Reckline.

(a) Residence: No. 713 Ramsay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Reckline.

6. DATE OF BIRTH (month, day, year) May 7/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) baltimore Md.

FATHER

13. NAME Andrew Reckline.

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Mary Rebecker

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Lillie M. Reckline.
(Address) 713 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL Place Tudor Park Date Nov 17 1935

19. UNDERTAKER E. Schluncker & Son
(Address) 1039 Hanover st

20. FILED ... 19 ... Registrar

DEC 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1935 to Dec 14 1935

I last saw him alive on Dec 14 1935. Death is said to have occurred on the date stated above, at 7.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Indef.	
Other contributory causes of importance:	
Exhaustion	2 Day

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

Dec 14/35 (Signed) R. L. Campbell M. D.
(Address) 1644 Hanover St

F 18584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 18584

1. PLACE OF DEATH Johns Hopkins Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Adeline Shoemaker

(a) Residence: No. Chesco Ave Roadale St., Md. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 11th 1933

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	9 10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hubert Shoemaker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Adeline Hubert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Zion Lutheran Cemetery Dec. 16th 1935

19. UNDERTAKER Frederick Rosamond Son
(Address) 7401 Liberty Road

20. FILED Dec 15 1935 Hamilton Timanus M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1935 to Dec 13, 1935

I last saw her alive on Dec 13 1935 Death is said to have occurred on the date stated above, at 12 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis pneumococcus ?	about Dec 12
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

F 18585 F 18585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. 11 St., 15th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Hyson

(a) Residence: No. 3457 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of David

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Margeroff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT S. M. Hyson

(Address) 1800 Linton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 12-15-35 19

19. UNDERTAKER Jack Lipsitz & Son

(Address) 1439 E. Pratt St

Filed 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/24/35, 19 to 12/13/35, 19

I last saw her alive on 12/13/35, 19 Death is said to have occurred on the date stated above, at 10:40 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma ? esophagus with metastasis to liver — Date of onset ?

Other contributory causes of importance:

Name of operation Gastrostomy Date of 12/3/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin, M. D.

(Address) U. B. & H.

F 18586 ✓ F 18586

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Poplar Grove St. Ward)

Length of residence in city or town where death occurred 5 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte C. Murray

(a) Residence: No. 1104 Poplar Grove St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 2-6-1917

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME F. Guy Murray
14. BIRTHPLACE (city or town) (State or country) Charles Co

MOTHER

15. MAIDEN NAME Neva E. Myers
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT F. Guy Murray
(Address) 1104 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 16 1935

19. UNDERTAKER H. C. Jennings Son
(Address) 1136 Poplar Grove Street

20. FILED Dec 16 1935 Harrington T. Hennessy M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/2 1935 to 12/12 1935

I last saw h[illegible] alive on 12/12 1935 Death is said to have occurred on the date stated above, at 330A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerular Nephritis	1 Week
with General Anasarca	
Other contributory causes of importance:	
Bronchial Asthma	6 Weeks
Emphysema	"
Myocardial Dilatation	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel P. Glazier M. D.

(Address) 3326 Frederick Ave

D. B. 1265-9

18587 F 18587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 Shannon Drive St., 26 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George M. Brocker

(a) Residence: No. 3027 Shannon Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Acidalia Brocker

7. DATE OF BIRTH (month, day, year) December 16, 1858

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore & Ohio RR

10. Date deceased last worked at this occupation (month and year) Nov. 15, 1933

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George M. Brocker

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Armprester

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Miss Gertrude Brocker
(Address) 3027 Shannon Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Dec. 16, 1935

19. UNDERTAKER J. Fred B. Cook
(Address) 1004 E. Baltimore St.

20. FILED DEC 16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4 1935 to December 13, 1935
I last saw him alive on December 13, 1935 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
General Arteriosclerosis	3 years

Other contributory causes of importance:

Cardiac Dilatation	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Glassberg M. D.

(Address) 2025 E. North Ave.

F 18588

D. No. F 18588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Dryden Drive St., 28 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sofchia Hahn

(a) Residence: No. 720 Dryden Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17 1868

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	67	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Henry Hahn

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Margaretta Kuhl

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. Harry Hahn
(Address) 720 Dryden Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 16 1935

19. UNDERTAKER Robert S. Cook
(Address) 1003 W. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence obtained by said ... find that said deceased came to ... death on the day stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/13/35

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C Hann, M. D.
Coroner

(Address) 126 Hanover

F 18589

F 18589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thadeus Strasmith

(a) Residence: No. 30 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 6/23/31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Thadeus Strasmith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mae Dolazanski

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 16 1935

19. UNDERTAKER John J. Weber
(Address) 401 S. Chester St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1935 to Dec. 13, 1935

I last saw him alive on Dec. 13, 1935. Death is said to have occurred on the date stated above, at 2:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute rheumatic fever	about Nov 20th

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins

18590 F 18590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-D

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Katherine Beebe.

(a) Residence: No. 162 Collins Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown.

DATE OF BIRTH (month, day, year) 6-9-1859.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76.	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME John Mc Hasky
14. BIRTHPLACE (city or town) (State or country) Ireland.
15. MAIDEN NAME Isabel Dann
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Date 12/17 1935
19. UNDERTAKER J. McCarty & Son
(Address) 1317 E. Fayette St

20. FILED DEC 16 1935 Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1935 to Dec. 15 1935
I last saw her alive on Dec. 15 1935. Death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	17 days ago
Other contributory causes of importance:	
Arteriosclerosis	Unknown.
Left hemiplegia	7 mos ago

Was an operation performed? no. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

18591 F 18591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 76 (Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME August Voigt.

(a) Residence: No. 28 E. Wheeling St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Linda

DATE OF BIRTH (month, day, year) Aug 22, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHAUFFEUR none RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McCORMICK Co.

10. Date deceased last worked at this occupation (month, day, year) 1934

11. Total time (years) spent in this occupation 8 11

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME August Voigt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 12/17, 1935

19. UNDERTAKER J. McCook Gaulbert

(Address) 1212 E. Fayette St.

20. FILED 19 Registrar

DEC 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1935, to 12-14, 1935

I last saw him alive on 12-14, 1935. Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (month, day, or year)
Arteriosclerosis	
Cerebral hemorrhage.	10 days ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. DeLaubenfels, M. D.

(Address) Baltimore City Hospitals

18592 F 18592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-2

1. PLACE OF DEATH Maryland General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Sarah E. Burgess

(a) Residence: No. 1806 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a. If married, widowed, or divorced: HUSBAND of ..... (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 4, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Samuel Burgess

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary A. O'Laughlin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mary E. Kane 1806 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Dec 17 1935

19. UNDERTAKER (Address) Wm Cook 1217 N Paul St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-4 1935 to 12-15 1935

I last saw her alive on 12-14 1935 Death is said to have occurred on the date stated above, at 10:20 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Ascending Colon	

Other contributory causes of importance:

Respiratory Failure
Bronchopneumonia

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Everett Wood M. D.

(Address) Md. Gen. Hosp.

F 18593

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18593

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 21 Ward)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Catherine Wilson

(a) Residence: No. 811 Woodward St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward 1877

DATE OF BIRTH (month, day, year) 5/25/~~1877~~

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58 ~~57~~	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales 0031

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

13. NAME Albert Barbara Langguth

14. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Patient.
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 16 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED DEC 16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13/1935

22. I HEREBY CERTIFY, That I attended deceased from 12/4/1935 to 12/13/1935

I last saw her alive on 12/13/1935 Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10 days
Hemorrhagic cystitis (urinary)	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert G Reiter M. D.

(Address) Balto City Hosp

D. B. 1268-9/.

18594 F 18594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 14

Length of residence in city ... where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rachael Tayler

(a) Residence: No. 1115 Fremont Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

13. NAME Charles H Tayler

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Louise Mitchell
(Address) 1128 G St N E Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 12/16 1935

19. UNDERTAKER Jos. J. Gough & Son
(Address) 638 N. Gilmor

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-14 1935 to 12-14 1935

I last saw her alive on 12-14 1935 Death is said to have occurred on the date stated above, at 9 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. J. Allen M. D.
Coroner

(Address) 530 Augusta Ave

18595

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18595

92-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 W. Mulberry St., 18 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Shadrach Harding

(a) Residence: No. 1130 W Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lizzie Harding

7. DATE OF BIRTH (month, day, year) March 16, 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper Laborer

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Lumber factory

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent at this occupation 1

12. BIRTHPLACE (city or town) (State or country) Richmond Co Va

MOTHER'S NAME

13. NAME Shadrach Harding

14. BIRTHPLACE (city or town) (State or country) Richmond Co Va

15. MAIDEN NAME Mary Middleton

16. BIRTHPLACE (city or town) (State or country) Richmond Co Va

17. INFORMANT W. M. Harding
(Address) 1510 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 16 1935

19. UNDERTAKER Geo. W. Offutt & Son
(Address) 1201 W. Baltimore St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 —, 1935, to Dec 13, 1935

I last saw him alive on Dec 12 1935 death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Cor. Pulmonale	—
Valvulitis	

Other contributory causes of importance: —

Name of operation — Date of

What test confirmed diagnosis? Reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Farrell M. D.

(Address) 1618 Carswald Ave

F 18596

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18596

CERTIFICATE OF DEATH

✓ 93 II

Registered No. .....

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Alice Hendrickson

(a) Residence: No. 2828 Maisel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

If married, ~~widowed or divorced~~ HUSBAND (or) WIFE of Peter Hendrickson.

DATE OF BIRTH (month, day, year) Sept. 9, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	3	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hollyn Pt Maryland.

MOTHER'S NAME

13. NAME Mrs. Hood.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 12/16/35 19

Albany Church Cemetery

19. UNDERTAKER Geo. H. Leuthold & Son
(Address) 5 & N Lynchburg Ave.

Huntington Hill Cemetery

19 ..... Registrar.

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1935, to December 13, 1935

I last saw her alive on Dec. 13, 1935. Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	4 years ago
Myocardial Insufficiency	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 18597

18597 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1629 Keswick Road St., 27 Ward)

Length of residence in city or town where death occurred ...yrs...mos...da. How long in U. S. If of foreign birth? ...yrs...mos...da.

If U. S. Veteran specify WAR

FULL NAME Barbara E. Buchman

(a) Residence: No. 1629 Keswick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Buchman

DATE OF BIRTH (month, day, year) Nov. 15, 1854

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	81	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

13. NAME Christlof Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah Ruff

16. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

17. INFORMANT Christian Buchman
(Address) 1629 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Dec. 13, 1935

19. UNDERTAKER R. S. Marshall
(Address) 3534 Fall Road

Registrar.

20. FILED DEC 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1935 to Dec 13, 1935

I last saw h. alive on Dec 13, 1935 Death is said to have occurred on the date stated above, at 7 A. m.

The prinripal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 1871-85

Other contributory causes of importance: Arteriosclerosis — 1930

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J. Davis M. D.

(Address)

F 18598 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18598

CERTIFICATE OF DEATH

89-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 E. 39th. St. St., 17 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dr. George L. Wilkins

(a) Residence: No. 224 E. 39th. St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Beaton (Wilkins)

7. DATE OF BIRTH (month, day, year) Dec. 15. 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

FATHER

13. NAME Richard Wilkins

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ellen Lynch

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Dr. Lawson Wilkins

(Address) 805 Hawthorne Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Dec. 16. 1935

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place

20. Filed ..... 19 ..... Registrar

DEC 16 1935 Ehe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14. 1935 19

22. I HEREBY CERTIFY, That I attended deceased from December 10 1935 to Dec. 14, 1935

I last saw him alive on Dec. 14 1935 Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Infection	Dec 7th
Acute Aortic Insufficiency	
Pulmonary Edema	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Hammond M. D.

(Address) 9 E. Chase St.

F 18589

8599 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2643 N. Calvert St., 17 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Oscar W Keys

(a) Residence: No. 2643 N. Calvert St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of: Blanch Edwards Keys

DATE OF BIRTH (month, day, year): 7th 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Agent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co

13. NAME: Thomas W. Keys

14. BIRTHPLACE (city or town) (State or country): Balto Co.

15. MAIDEN NAME: Lenora Morris

16. BIRTHPLACE (city or town) (State or country): Balto Co

17. INFORMANT: Blanch E. Keys Wife

(Address) 2643 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL: National Funeral Home Date Dec 17 1935

19. UNDERTAKER: R S Marshall

(Address) 3539 Falls Road

Filed DEC 18 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 5th, 1935, to Dec 15th, 1935

I last saw him alive on Dec 15th, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If specified

Signed Frederick L Offen, M. D.

(Address) 2827 N. Calvert St

4586

HEALTH DEPARTMENT—CITY OF BALTIMORE

18600 18600

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles STANLEY Greenhorn

(a) Residence: No. Cumberland Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys M. Greenhorn

7. DATE OF BIRTH (month, day, year) 3/2/95

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER'S FATHER

13. NAME Geo. Greenhorn

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nancy Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland, Md Date Dec 17. 1935

19. UNDERTAKER W. J. Masters & Sons
(Address) Cumberland Md

20. FILED Dec 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1935 to Dec 15, 1935

I last saw h alive on Dec 15, 1935. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid leucemia	April 1935
c Profound anemia, aplastic	

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph F. Sedlacek, M. D.

(Address) Johns Hopkins Hospital

F 18601

18601 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-C

1. PLACE OF DEATH Maryland General Hospital Registered No.

CITY OF BALTIMORE: (No. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~73~~ 2 yrs. 15 mos. 4 days. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Humrichouse

(a) Residence: No. Glyndon, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura B. Humrichouse

7. DATE OF BIRTH (month, day, year) Sept. 28, 1862

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Toy maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John R Humrichouse

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ? Bungrose

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry Humrichouse

(Address) Glyndon Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec 16, 1935

19. UNDERTAKER W. J. Tickner & Son

(Address) Nos. [illegible] Huntington Ave

DEC 16 1935

[illegible], 19 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13/1935

22. I HEREBY CERTIFY, That I attended deceased from 12/9/35, 19..., to 12/13/35, 19...

I last saw him alive on 12/13/35, 19... Death is said to have occurred on the date stated above, at 8 35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Chronic Myocarditis	
Other contributory causes of importance:	
Terminal Bronchopneumonia	12/13/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett Attwood, M. D.

(Address) Md Gen. Hosp.

Co. 5-11 2508

F 18602

18602 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. 20 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Walter B. McCauley

(a) Residence: No. 125 S Monastery Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith M. McCauley

DATE OF BIRTH (month, day, year) Apr. 18, 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Butler Bros
10. Date deceased last worked at this occupation (month and year) Nov. 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Wm. F. McCauley
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Ada Fury
16. BIRTHPLACE (city or town) (State or country) Charlottesville Va.
17. INFORMANT Mrs Edith M. McCauley
(Address) 125 S. Monastery Ave
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md. Date Dec. 14 1935
19. UNDERTAKER Wm. H. Rieger Sons
(Address) North & Pulaski

20. FILED ... 19 ... Registrar.

DEC 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1935, to Dec. 12, 1935
I last saw him alive on Dec 12 1935 death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1934
Other contributory causes of importance:	
Acute cardiac dilitation	

Name of operation none Date of —
What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. Dver Groves M. D.
(Address) Franklin Sq. Hosp.

F 18603

18603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Paca St., 17 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Adam Stroggins

(a) Residence: No. 623 N. Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Ida Stroggins

DATE OF BIRTH (month, day, year) April 9 1882?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53?	8	3 -	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Halifax Co Va

MOTHER

13. NAME Adam Stroggins

14. BIRTHPLACE (city or town) (State or country) Halifax Co Va.

FATHER

15. MAIDEN NAME Nancy Jordan

16. BIRTHPLACE (city or town) (State or country) Halifax Co Va.

17. INFORMANT Solomon Stroggins

(Address) Halifax Co. Va.

18. BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. Date 12/17 1935

Place .....

19. UNDERTAKER Bernard E. Hemsley

(Address) 818 Druid Hill Ave.

DEC 16 1935

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14. 1935

22. I HEREBY CERTIFY, That I attended deceased from November 7 1935 to Dec 14 1935

I last saw him alive on Dec 12 1935. Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/7/35

Other contributory causes of importance:

2nd attack - first had 1933 Cerebral Hemorrhage. mild.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Physical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Pleasant St

F 18604

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

18604

CERTIFICATE OF DEATH

Registered No. X108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Milburn John Necker

(a) Residence: No. Ferguson Lane, Carney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	---

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

DATE OF BIRTH (month, day, year) Dec. 9, 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	-	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Edward G. Necker

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Blanche M. Ferguson

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mr. Edward G. Necker
(Address) Ferguson Lane, Carney

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec. 18 1935

19. UNDERTAKER Frederick Longsdorf Sons
(Address) 7401 Belair Road

20. FILED DEC 16 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1916 E. Fortieth Ave

3605 D 1365

HEALTH DEPARTMENT—CITY OF BALTIMORE 18605

CERTIFICATE OF DEATH

V 141—107a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Catherine Virginia Pugh

(a) Residence: No. 113 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Clinton C. Pugh

DATE OF BIRTH (month, day, year) Oct 3 1909

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Howard F Dances

14. BIRTHPLACE (city or town) (State or country) Oxford Co Md

15. MAIDEN NAME Lyons Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Clinton C Pugh

(Address) 113 S. Conkling St

18. BURIAL, CREMATION, OR REMOVAL

Place Lebanon Cem Date 12/17/35 19

19. UNDERTAKER Frederick Sanders Sons

(Address) 1461 Mass Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
incomplete abortion (probably spontaneous)	
Pneumonia abscess	

Other contributory causes of importance:
Bronchopneumonia

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) ... Coroner

18606 F 18606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V348-168

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 19 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laurence Sutton

(a) Residence: No. 27 N. Vincent St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie

DATE OF BIRTH (month, day, year) 1/3/1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER FATHER

13. NAME Ransom Sutton

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Lula ?

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Star Date 12/16 '35

19. UNDERTAKER Mrs Kate B. Williams

(Address) 329 N. Schroeder St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/7 1935 to 12/13 1935

I last saw him alive on 12/13 1935 Death is said to have occurred on the date stated above, at. 6 47 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 11 Day

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 18607 F 18607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 2134 V-82-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME James Adams

(a) Residence: No. 1125 Freemont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington North Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) James Nelson 1125 Freemont Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Zion Date 12/16/35

19. UNDERTAKER Isaac L. Brown & Son (Address) 108 W. Montgomery St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Wright M. D.

(Address) 1015 S. Ellwood Ave Coroner

18608 F 18608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Ellwood Ave. St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME JEREMIAH BARTON

(a) Residence: No. Covetown, Harford Co. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — — —

7. DATE OF BIRTH (month, day, year) Nov. 16. 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME William F. Barton

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah A. Philips

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ida V. Fuller (Niece)
(Address) 605 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Waters Memorial Cem. Date Dec. 16. 1935

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14. 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1935 to Dec 14. 35 1935
I last saw h/M alive on Dec. 13 1935 Death is said to have occurred on the date stated above, at 4.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic Nephritis	

Other contributory causes of importance:

arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Joseph Toohey M. D.

(Address) 644 S. Ellwood Ave

18609 F 18609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 505 Lyndhurst St., 20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred, 38 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 64 yrs. 2 mos. ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME George West Davis

(a) Residence: No. 505 Lyndhurst St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE Emma Maude Davis

7. DATE OF BIRTH (month, day, year) July-7-1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Accomac Co Virginia

FATHER
13. NAME Benj F. Davis
14. BIRTHPLACE (city or town) (State or country) Probably in Virginia

MOTHER
15. MAIDEN NAME Margaret R. West
16. BIRTHPLACE (city or town) (State or country) Accomac Co Virginia

17. INFORMANT Mrs E. M. Davis (wife)
(Address) 505 Lyndhurst Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec-16 1935

19. UNDERTAKER Stewart & Co.
(Address) 1015 Washington Ave

20. FILED DEC 16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-13 1935

22. I HEREBY CERTIFY That I attended deceased from Aug-26 1935 to Dec-13 1935

I last saw him alive on Dec-13 1935 Death is said to have occurred on the date stated above, at 11.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & cerebral thrombosis and Dec-13 coma cerebral uremia	8-25 12-6
Other contributory causes of importance: Left side partial paralysis. Cardiac failure	12-5-35

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Wesley Cole M. D.
N.D.
(Address) 2207 Garrison Blvd

D 18610

18610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Jackson St., 24 Ward)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Emma L. Black

(a) Residence: No. 1613 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Black.

DATE OF BIRTH (month, day, year) June 9, 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B&O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME William Black

14. BIRTHPLACE (city or town) (State or country) Md

FATHER

15. MAIDEN NAME Sarah Kenan

16. BIRTHPLACE (city or town) (State or country) Sand Kenan

17. INFORMANT Emma L. Black

(Address) 1613 Jackson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 18, 1935

19. UNDERTAKER A. Haugh Evans

(Address) 1400-02 E. Baltimore St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13 th, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8th, 1935, to Dec 14th, 1935.

I last saw h~~im~~ alive on Dec 14th, 1935. Death is said to have occurred on the date stated above, at 12 45 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis — Date of onset .....

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. J. Danker M. D.

(Address) 119 n. milton ave

D. B. 1268-8

18611 HEALTH DEPARTMENT—CITY OF BALTIMORE 18611

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 n Bethel St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James H Cook

(a) Residence: No. 607 n. Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sarah Cook,

6. DATE OF BIRTH (month, day, year): April 25-1868

7. AGE: Years 67 | Months 8 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: USA

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: unk

14. BIRTHPLACE (city or town) (State or country): unk

MOTHER

15. MAIDEN NAME: Sarah Ann James

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Ida Hopkins

(Address) 1609 Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Dec 16th, 1935

19. UNDERTAKER: Mrs Robert A. Elliott Sons

(Address) 1129 Eastern Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1935 to 12-12, 1935

I last saw h. alive on 12-11, 1935 Death is said to have occurred on the date stated above, at 4 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Sept 1935
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation: Physical Date of .....

What test confirmed diagnosis: ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) George Allen M. D.

(Address) 50 Monument St

F 18612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Dallas St., 3 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Leon H Morris

(a) Residence: No. 422 S Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Viola

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cylinder Shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellendale Delaware

13. NAME Leon Morris

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Marion Chappel
(Address) Pittston Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 12/16/ 1935

19. UNDERTAKER Frances A. Hemsley
(Address) 257 Cal. Riddle Sr.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18613

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3806 Forest Park Ave Ward) 15

Length of residence in city or town where death occurred 64 yrs. ... mos. ... da. How long in U. S. If of foreign birth 64 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annabelle Levin

(a) Residence: No. 3806 Forest Park Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Bernard

7. DATE OF BIRTH (month, day, year) .....

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

13. NAME: Simon Bobloshky

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Ethel ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: L. J. H. Levin Son

(Address) 3806 Forest Park

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Southern Cemetery 12/16 1935

19. UNDERTAKER: Jack Louis Goldstein

(Address) 1439 E. Baltimore St.

20. FILED ... 19 ... Huntington J. Newcomer Registrar.

DEC 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 1935 to Dec. 15 1935

I last saw her alive on Dec 15 1935 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	10/13
Other contributory causes of importance:	
Hemorrhage	1926

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. J. Boykin M. D.

(Address) 2040 Eutaw

F 18614

B 1268-9

18614 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

Life

2. FULL NAME Herman C. Beste

If U. S. Veteran specify WAR .....

(a) Residence: No. 939 N. Patterson Pk. Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of [redacted]
of Frances C. Beste

7. DATE OF BIRTH (month, day, year) March 17, 1894.

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME August Beste

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Annie C. Jordan

16. BIRTHPLACE (city or town) Washington (State or country) D.C.

17. INFORMANT Frances C. Beste

(Address) 939 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem Date Dec 16, 1935

19. UNDERTAKER George W. Zipfler

(Address) 1737 E. Eager St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

. D 1268-9

F 18615

3615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Bon Sec City Hospital 1 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME George Kurlinski

(a) Residence: No. 518 S. Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Anna

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Glass Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Mary Anna Kurlinski

(Address) 518 S. Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 17. 1935

19. UNDERTAKER F. W. Szaszuski

(Address) 932 E. Eastern Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH, (month, day, year) Dec 14 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. R. Wright M. D. Coroner

(Address) 1010 S. Ellwood Ave.

B. 1268-9

F 18616

8616 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S Highland Ave St., 76 Ward)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mns. ... ds.

FULL NAME Barbara Eleanora John

(a) Residence: No. 512 S. Highland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Peter John

DATE OF BIRTH (month, day, year) Oct 9 1858

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	77	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State nr country) Balto

13. NAME Geo J Doerr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christine Stenzle

16. BIRTHPLACE (city nr town) (State or country) Germany

17. INFORMANT Mrs Louise Laurence

(Address) 514 S Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Dec 18 19 8

19. UNDERTAKER John Wenck

(Address) 2008 Orleans

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 19 35

22. I HEREBY CERTIFY, That I attended deceased from 12/1/35 19 ... to 12/15/35 19 ...

I last saw h[illegible] alive on 12/15/35 19 ... Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	3 mo

Other contributory causes of importance:

Arteriosclerosis	1 yr

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

F 18817

8617 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital St., W Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Robert Brown Ailes

(a) Residence: No. 3005 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (Wife) Catherine E. Ailes

DATE OF BIRTH (month, day, year) June 26 - 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Armstrong Cork Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 46 yrs

12. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER'S NAME

13. NAME Amos D. Ailes

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME Florence J. Rayel

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Catherine E. Ailes

(Address) 3005 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Linwood Ridge Date 12/17/35

19. UNDERTAKER John J. Moran

(Address) 3006 E. Balto St

16 1935

20. FILED ..... 19.. ..... Registrar

RFA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935 to Dec 14, 1935

I last saw him alive on Dec 14, 1935 Death is said to have occurred on the date stated above, at 11:57 Am.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Bronchopneumonia	Dec 1935
Other contributory causes of importance: Arteriosclerosis	1928
Arteriosclerotic heart disease	1925

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Claxton Beck M. D.

(Address) Union Memorial Hosp.

B 1268-9

F 18618

8618 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

210-M-2)

PLACE OF DEATH Johns Hopkins Hosp. Dod ou annual — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 1 No Ward)

gth of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 20 yrs. ..... mos. ..... ds.

FULL NAME Giovanni Di Giacchino — If U. S. Veteran specify WAR .....

(a) Residence: No. 3904 Claremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 22 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36		5	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ciment Finish

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montepagano Roseburg Italy

13. NAME Antonio DI Giacchino

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Giacinta Brinizzi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Persiani
(Address) 3904 Claremont St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Dec. 16 1935

19. UNDERTAKER Frank Della Rocca
(Address) 52 N Monroe St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inq. thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	12/14/35

Other contributory causes of importance: —

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 12/14 1935
Where did injury occur? In Auto 4730 Philadelphia Road (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Automobile ran into parked truck
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....

Signature and title Wilbur Burley Coroner
Address 907 N. Chester St

3618 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

34-D-107-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp St., 5 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Jake Mc Kathan Colmo

(a) Residence: No. 515 Calumo St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor.

DATE OF BIRTH (month, day, year) Sept 1894.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER'S NAME

13. NAME Isaah

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Dec 16th 1935

19. UNDERTAKER Chas Ross & A Elliott, Haughton
(Address) 1129 Gardenia St

Huntington Ave. & Evesham Road, N.

20. FILED DEC 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1935 to 12/12, 1935

I last saw him alive on 12/12, 1935 Death is said to have occurred on the date stated above, at 11 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approximate)
Aortic insufficiency, luetic	4 mos ago.
Myocardial failure	4 days ago.
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. G. de Santalla M. D.

(Address) Baltimore City Hospitals

F 18620

620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Tuberculosis Division St., ... Ward) 26

th of residence in city or town where death occurred ..... yrs. Unknown mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Joe Lugo

(a) Residence: No. None St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 19, 1915

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Porto Rico

13. NAME Peter Lugo

14. BIRTHPLACE (city or town) (State or country) Porto Rico

15. MAIDEN NAME Monserate Morgorl

16. BIRTHPLACE (city or town) (State or country) Porto Rico

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 12/16 1935

19. UNDERTAKER John J. Fahey Co.
(Address) 1318 Light St

20. FILED ..... 19..... Registrar

DEC 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1935 to Dec. 14 1935

I last saw him alive on Dec. 14 1935 Death is said to have occurred on the date stated above, at 4.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Kaplan M. D.

(Address) Baltimore City Hospitals

8621 F 18621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

Registered No. .....

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 8 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John Schweinshaut — If U. S. Veteran specify WAR .....

(a) Residence: No. 1731 Portland St., Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3/3/63

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6001

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Bertie Schweinshaut — Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Carla Rosenthoven

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Dec. 17 1935

19. UNDERTAKER William G. Schaffer (Address) 1516 E. Monument St

20. FILED DEC 16 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1935 to Dec. 13 1935

I last saw him alive on Dec 13 1935 Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicemia	12-5
Pneumonia - Bronchs	12-7

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-8

For what disease or injury? Septic Wrist

Name of operation Incision + Drain Date of 12-8

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph T. Sachs M. D.

(Address) Johns Hopkins Hospital.

F 10622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Franklin G. Donnelly

(a) Residence: No. 6505 Rosemont ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: M. Mildred

DATE OF BIRTH (month, day, year): 11-3-07

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 4087

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Frank Donnelly

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Julia Ellinghaus

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Dec. 17, 1935

19. UNDERTAKER: William G. Schaefer
(Address): 1816 E. Monument St.

Filed: 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1935, to Dec. 12, 1935.

I last saw h... alive on Dec. 12, 1935. Death is said to have occurred on the date stated above, at 11:10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	12-3-35?
Tuberculosis pulmonary	1933?

Other contributory causes of importance:

Seminal Tract Tuberculosis	11/1/35?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) F. M. H. Sheppard M. D.

(Address) Johns Hopkins Hosp.

D. B 1268-9

F 18623

8623 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 210 N

1. PLACE OF DEATH Grah Baltimore General Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 22 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gaye Chipall (Chrysall) If U. S. Veteran specify WAR

(a) Residence: No. 108 W. Conway St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie O'Connor

DATE OF BIRTH (month, day, year) 1860 —

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country)

FATHER

15. NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) ?

17. Undertaker J. Schaeffer (Address) 816 E Monument (Nephew)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Cemetery Date Dec. 19 1925

19. UNDERTAKER William J. Schaeffer (Address) 1016 E. Monument St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15 , 1925

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Concussion 12/15/25

Other contributory causes of importance:

Shock—Loss of Contents left Frontal

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? YES.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? 12/15 1925

Where did injury occur? Hanover & Lee sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Nature of injury Struck by automobile while crossing street at Hanover & Lee

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Bentley Hayes M. D. Coroner

(Address) 107 N. Charles St

F 18624

18624 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. 9

PLACE OF DEATH Maryland General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World

FULL NAME Joseph E. Duffy

(a) Residence: No. 2918 Independence St., Ward Locust Point
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of Laura Duffy

DATE OF BIRTH (month, day, year) Sept 2, 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	3	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed Pressman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing 463

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

8. BIRTHPLACE (city or town) (State or country) Goldsboro N. Carolina

13. NAME Peter Duffy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rosetta Godwin

16. BIRTHPLACE (city or town) (State or country) Wayne Co N.C.

17. INFORMANT (Address) Samuel E. Arthur 2918 Independent St

18. BURIAL, CREMATION, OR REMOVAL Place Richmond Va Date 12/18 1931

19. UNDERTAKER (Address) Wm Cook & Son 1210 E Fayette St

20. FILED 1935 Registrar NPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-12-1931 to 12-14-1931

I last saw him alive on 12-14-1931 Death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 12/12

Other contributory causes of importance: Myocardial Failure — 12/14

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett Wood M. D.

(Address) Md. Gen. Hosp.

F 18625

3825 . HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 144 B-107a

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., W Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary White

If U. S. Veteran specify WAR

(a) Residence: No. 744 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph White

DATE OF BIRTH (month, day, year) 12/9/1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottesville Va

MOTHER FATHER

13. NAME Jackson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Alice Lewis

16. BIRTHPLACE (city or town) (State or country) Charlottesville Va

17. INFORMANT Joseph White

(Address) 734 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 12/17 1935

19. UNDERTAKER H. Clarkson & Co

(Address) 716 Reman Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12. 13 1935

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1935 to December 13, 1935

I last saw her alive on December 13, 1935. Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Premature Separation of Normally Implanted Placenta (Abruptio)	Dec. 11.

Other contributory causes of importance:

Thrombotic hemorrhoids (plural)	

Was an operation performed? Yes Date of December 11

For what disease or injury? Premature Separat. Placenta

Name of operation Cluss. Cesarean Sec. Date of Dec. 11

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C H DuCuy, M. D.

(Address) University Hospital

H. D. B. 1268-0

✓ F 18626

HEALTH DEPARTMENT—CITY OF BALTIMORE

8626

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 n Bond St., 7 Ward)

Length of residence in city or town (where death occurred) 17 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Newton

(a) Residence: No. 812 n Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Newton

6. DATE OF BIRTH (month, day, year): 1883

7. AGE: Years 52 | Months – | Days – | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wilmington NC

FATHER

13. NAME: John Hurst

14. BIRTHPLACE (city or town) (State or country): Willington NC

MOTHER

15. MAIDEN NAME: Lillian Hurst

16. BIRTHPLACE (city or town) (State or country): n c

17. INFORMANT: Caleb R Ivie

(Address): 812 N Bond ST

18. BURIAL, CREMATION, OR REMOVAL

Place: Wilmington NC Date: 12/18/35

19. UNDERTAKER: Robert F Wellington

(Address): 15 15th Elderry

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-14-35

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1935 to Dec 14, 1935

I last saw h[illegible] alive on Dec 14, 1935. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Dec 14 1935
Essential Hypertension	Nov 1 1935

Other contributory causes of importance:

Myocarditis — Nov 1 1935

Name of operation: None Date of ...

What test confirmed Physician's? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Geo S Allen M. D.

(Address) 50 E Lexington St

F. D. B. 1268-9

1 Copy of death

✓ F 18627

3627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 n Eden St., ... Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?.....yrs.....mos.....ds. How long in U. S. If of foreign birth ?.....yrs.....mos.....ds.

2. FULL NAME Douglas Johnson

(a) Residence: No. 207 n Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1940

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Joseph Johnson Sr

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph Johnson

(Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL

Place Fords Va Date 12/17 1935

19. UNDERTAKER Robert F. Williams

(Address) 15-19 W. Eldersley St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-4 1935 to 12-14 1935

I last saw h[illegible] alive on 12-14 1935 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	12/14 1935
Other contributory causes of importance:	
Chronic Myocarditis	1934

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George C. Allen M. D.

(Address) 50 Wasquehanna St

D. B. 1268-9

F 18628

18628 HEALTH DEPARTMENT—CITY OF BALTIMORE

94a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 E 41st St., 9 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Grimsby Holland. Yo Wa

(a) Residence: No. 604 E 41st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
M	W.	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie N. Holland

6. DATE OF BIRTH (month, day, year) Jan 17 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 00.20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department Store

10. Date deceased last worked at this occupation (month and year) 12 1935

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Yorkcounty Pa.

FATHER

13. NAME James T. Holland

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Margaret E. Grimsby

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT R. O. Holland

(Address) 604 E 41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 18 1935

19. UNDERTAKER Lutman & Lutz

(Address) 2324 N. Charles St.

20. FILED ... 19 ... Registrar.

C 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16 1935

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1935 to December 16, 1935

I last saw him alive on December 12, 1935. Death is said to have occurred on the date stated above, at 1451 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Other contributory causes of importance:	
Angina Pectoris	1935

Name of operation None Date of XXX

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John S. Leary, Jr. M. D.

(Address) 3522 Greenmount Avenue

2-28-28—L. P. S.—500 Bks.

F 18629

HEALTH DEPARTMENT—CITY OF BALTIMORE

18629

CERTIFICATE OF DEATH

122B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

Y OF BALTIMORE: (No. 1734 Hanover St ST., 23 WARD)

—FULL NAME Joseph J Whittington

a) RESIDENCE NO. 1734 Hanover ST., — WARD
(Usual place of abode) (If non-resident give city or town and State)

rth of residence in city or town where death occurred 50 yr mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

married, widowed, or divorced
HUSBAND of
(or) ~~Widow of~~ Florence B Whittington

ATE OF BIRTH (month, day, and year) January 31, 1865

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	10	12	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant 6045

(b) General nature of industry, business, or establishment in which employed (or employer) Poultry Dealer

(c) Name of employer Self

BIRTHPLACE (city or town) Prince George County
(State or country) Maryland

10 NAME OF FATHER Henry Whittington

11 BIRTHPLACE OF FATHER (city or town) Prince George
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Stevens

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

14 Informant Mrs Margaret Jones
(Address) 1734 Hanover St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/35

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935 to Dec 13, 1935

that I last saw h alive on Dec 10, 1935

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

12/14, 1935 (Address) 1647 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 12/17th 1935

20 UNDERTAKER Milton Schilling

ADDRESS 1122 E. Monument St.

18830 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18830

CERTIFICATE OF DEATH

34-J-23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hospital St. 19 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Daisy Mears

(a) Residence: No. 236 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 6-19-1907

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Sandy

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Betty McKee

16. BIRTHPLACE (city or town) (State or country) Hospital Records

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Mt. Auburn Cemetery Date Dec 19 1935

UNDERTAKER Adolphus Hall
(Address) 918 Druid Hill Ave

DEC 19 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-21-1935 to 12-14-1935

I last saw her alive on 12-14-1935 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Pneumothorax, Rt.	26 days ago
Pyopneumothorax, Rt.	3 wks ago

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-11-35

For what disease or injury Pyopneumothorax

Name of operation Thoracotomy Date of 12-11-35

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18631

46-B

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5200 Belair Road St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Charles F. Henninger

(a) Residence: No. 5200 Belair Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Christianna E. Henninger

DATE OF BIRTH (month, day, year) Sept. 26, 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) Dec. 1923

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Wuttenberg Germany

13. NAME Charles Henninger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Charles Henninger,
(Address) 5200 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Dec. 18 19 35

19. UNDERTAKER Frederick Lansche Son
(Address) 7401 Belair Road

20. FILED DEC 17 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from August 10 1935 to December 15 1935
I last saw h[illegible] alive on December 15 1935 Death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach and Intestines General Metastasis	[illegible]
Other contributory causes of importance: Cachexia and Metastasis	[illegible]

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Cassenberg M. D.

(Address) 7032 Belair Rd.

E 18632

3632 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 107-a

Registered No. 8

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 E. Lafayette Ave., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Was U. S. Veteran? specify WAR

FULL NAME John E. Harms

(a) Residence: No. 1600 E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose E. Harms

DATE OF BIRTH (month, day, year) Aug. 31, 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Foundry

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John D. Harms

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Theresa Reuter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Rose E. Harms
(Address) 1600 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Dec. 1935

19. UNDERTAKER Frederick Lanasche & Son
(Address) 7401 Belair Road

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/31 1935 to Dec. 15 1935.

I last saw him alive on Dec 15 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchitis	10/31/35
Bronchopneumonia	12/4/35

Other contributory causes of importance:

Cardiac insufficiency	12/13/35

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George A. Bowden M. D.

(Address) 1519 E. Fort Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 18633

CERTIFICATE OF DEATH

92-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3318 Bayonne ave St. 17 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Charles B. Hardy

(a) Residence: No. 3318 Bayonne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Katherine Hardy

DATE OF BIRTH (month, day, year) July 24 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Production Manager Brass Works

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brass & Copper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Hardy

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Catherine Burk

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Hardy

(Address) 3318 Bayonne Ave.

18. BURIAL, CREMATION, OR REMOVAL Richwood Cemetery Date Dec. 17 1935

19. UNDERTAKER Frederick Gardner Sons

(Address) 741 Edmondson Road

FILED DEC 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Dec 16 1935

I last saw him alive on 12/16 1935 Death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Endocarditis (Aortic)	

Other contributory causes of importance: Hypostatic Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. B. Fellows M. D.

(Address) 6703 Harford Rd

F 18634

R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1420 E. Monument St., 10 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles Jackson

(a) Residence: No. 1420 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	widowed

If married, widowed, or divorced
HUSBAND of (~~WIFE of~~) Eliza Jackson

ATE OF BIRTH (month, day, year) March 2 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto City

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Easton Shaw Md

17. INFORMANT Henry Strother

(Address) 1420 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 12/18/35

19. UNDERTAKER Prot. J. Kirkland

(Address) 1575 McElderry St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-13- , 1935 to 12-14- , 1935

I last saw h~~im~~ alive on 12-14- , 1935. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-12-35

Other contributory causes of importance:

Valvulitis

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Mahoney, M. D.

(Address) 611 N. Calhoun

F 18635

B. 1268-9

3635 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 943 Sterling St., 10 Ward)

gth of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Phillips C. Barnes

(a) Residence: No. 943 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col.	Married

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Annie Barnes

DATE OF BIRTH (month, day, year) 12-23-1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	52	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Phillips Cooper

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emily Reed

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lynn Barnes
(Address) 943 Sterling St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date Dec 18th 1935

19. UNDERTAKER Myers Bros & Elliott Mangelis
(Address) 1 Preston St

20. FILED DEC 17 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15- 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-31- 1935 to 12-15- 1935

I last saw him alive on 12-15- 1935 Death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-1-35
& Acute Rheumatic Fever	10/31
Acute Endocarditis	12/1

Other contributory causes of importance:

Acute Rheumatic Fever	10/31

Name of operation None Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas R. Blake M. D.

(Address) 924 Fitzsimth St

F 18636

18636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., ... Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Harry Anderson

(a) Residence: No. Knowlwood Howard Co - Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Mar. 5th 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Allen Anderson.

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Hospital record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Glenelg Md Date 12-19 1935

19. UNDERTAKER P. O. Kemberlain & Son
(Address) Ellicott City

DEC 17 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1935, to Dec. 17, 1935.

I last saw him alive on Dec. 17, 1935. Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Nov 12
Other contributory causes of importance: From the Hemorrhage (Terminal)	Dec 15

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edwin Symples M. D.

(Address) Mercy Hospital.

F 18637

18637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Katherine Bollinger

(a) Residence: No. 120 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Bollinger

DATE OF BIRTH (month, day, year) Oct. 14, 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 1097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

12. NAME Thos. Beckett

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records, B. C. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 19 - 1935

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 1430 Walbrook St. Washington, Pa.

FILED DEC 17 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/14 1935 to 12/16 1935, I last saw h[er] alive on 12/16 1935 Death is said to have occurred on the date stated above, at 4 [illegible] A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	?
Other contributory causes of importance: Uremia	10 days

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Tobias Weinberg, M. D.

(Address) Balto. City Hosp.

F 18638

B 1268-9

18638 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13/V

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1908 E. Chase St. St., 8 Ward)

Length of residence in city or town where death occurred 54 yrs. 0 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... no

FULL NAME Bessie R. Myers

(a) Residence: No. 1908 E. Chase St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Claude E. Myers

DATE OF BIRTH (month, day, year) November 18, 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

2. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Frank Snyder

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Rebekah Guides

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Claude E. Myers

(Address) 1908 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Leland Mem'l Park Date 12-19 1935

19. UNDERTAKER Albert S. Nitsch

(Address) 1300 E. Chase St.

20. FILED DEC 19 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertension	

Other contributory causes of importance:

Cerebral Hemiplegia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Ambruster Coroner, M. D.

(Address) 1919 E. North Ave.

F 18839 F 18839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., 21 Ward)

Length of residence in city or town where death occurred 60 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Philip Zeitler.

(a) Residence: No. 510 Scott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widowed

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Elizabeth Zeitler

DATE OF BIRTH (month, day, year) Aug 7th 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Philip Zeitler

14. BIRTHPLACE (city or town) (State or country) Austro Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Son. (per Hospital Records)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12/19/1935

19. UNDERTAKER John F. Cowan & Son
(Address) 1901 W. Fallsway

20. Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1935 to December 16 1935

I last saw him alive on Dec. 15, 1935 Death is said to have occurred on the date stated above, at 4:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Left)	12-7-35
Other contributory causes of importance:	
Terminal Bronchopneumonia	12-12-35

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) F. Edwin Leonard Jr. M. D.

(Address) Mercy Hospital

DEC 17 1935

13 F 18640 F 18640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

468V

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 27 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth 64 yrs. 10 mos. 26 da.

FULL NAME Laura CHESELDINE Whiti If U. S. Veteran specify WAR NONE

(a) Residence: No. 507 McCabe Ave — St., Ward. Grano. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) 1/20/71

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Goods Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Maryland~~ Missouri

13. NAME James H Whiti

14. BIRTHPLACE (city or town) (State or country) Illinois

15. MAIDEN NAME Laura Chisedine

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Records —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Jacksonville, Ills. Date Dec 17 1932

19. UNDERTAKER Ellwood & Mowan Company

(Address) 108 W. North Avenue

20. FILED DEC 17 1932 — 19 — By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932, to Dec. 16, 1932

I last saw her alive on Dec 16, 1932. Death is said to have occurred on the date stated above, at 12.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	

Other contributory causes of importance:

~~Kidney~~ Metastasis Patient.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. O. Rinkenzine, M. D.

(Address) J. H. Hosp.

F 18641 F 18641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

820

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Park Av St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 98 yrs 11 mos 29 ds.

FULL NAME Harriet Cowman Thomas

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2001 Park Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow.

If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard P Thomas

DATE OF BIRTH (month, day, year): Sept-17-1836

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	98	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Alexandria, Virginia.

13. NAME of father: John P. Cowman

14. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

15. MAIDEN NAME of mother: Mary A. Edmondston

16. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

17. INFORMANT: Mrs Harvey C Thomas daughter
(Address): Fredericksburg Va.

18. BURIAL, CREMATION, OR REMOVAL
Place: Friends Cemetery Date: Dec-18-35

19. UNDERTAKER: Stewart Mortuary Co.
(Address): 108 W Preston St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 16-. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 5-. 1935 to Dec. 15-. 1935

I last saw her alive on Dec. 15-. 1935. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis, Cardiac Hypertrophy	1930
Cerebral Hemorrhage	Nov 19-35
Left Hemiplegia.	
Other contributory causes of importance: Hypostatic Pneumonia	
Terminal-	Dec. 11-35

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Hurst Bizzell M. D.

(Address) 2125 Maryland Ave

F 18642

18642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4838 Belair Road St., 27 Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 27 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Eva. E. Kuhlmann

(a) Residence: No. 4838 Belair Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. R. Kuhlmann

DATE OF BIRTH (month, day, year) February 23 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Schroer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Miss. May

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Charles J. Kuhlmann

(Address) 4838 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Lorraine

Place Holy Redeemer Date Dec. 18 1935

19. UNDERTAKER Henry Heuck Sons, Inc.

(Address) 130 E. Eager St.

FILED DEC 17 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Dec. 15, 1935

I last saw her alive on Dec 15 1935. Death is said to have occurred on the date stated above, at 7-45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthenia	
Other contributory causes of importance: Diabetis Mellitus	3 yrs
Cerebral Embolism	1 week

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gustave A. Fritz, M. D.

(Address) 0801 Belair Rd.

F 18643

18643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3114 Fait Ave., ... St., 1 ..... Ward)

th of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Augusta Arndt

(a) Residence: No. 3114 Fait Ave. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Ernst Arndt

DATE OF BIRTH (month, day, year) July 27, 1848

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	4	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME August Perdick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosela Deitrich

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Martha Raddatz

(Address) 3114 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Dec. 18 1935

19. UNDERTAKER George W. Finkelen & Leager Sons

(Address) 1737 E. Fayette St.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1935, to Dec 15 1935

I last saw h er alive on Dec 15 1935 Death is said to have occurred on the date stated above, at 10:15 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Dec 12 1935

Other contributory causes of importance:

chr. arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Nathan J Davidow M. D.

(Address) 3228 Eastern ave

18445
72

F 18644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 134

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

rth of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Belle Davis

(a) Residence: No. 416 Pa Ave St., ... Ward. Towson Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Single No

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9 | 8 | 79

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 60 70

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Edmond Davis

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Patience Sanders

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dr Hopkins Ref Date Dec 17 1935

19. UNDERTAKER Geo. H. Kelly and Son
(Address) 631 Dundalk Ave

20. FILED 17 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1935 to Dec 14 1935

I last saw h.. alive on Dec 14 1935. Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pyelonephritis
Chronic Cystitis
Vesical calculus

Other contributory causes of importance:

Hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eliner Bolfe M. D.

(Address) Johns Hopkins Hospital

F 18645

F 18645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1082

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) (Ward) 17

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

FULL NAME Joan Green

(a) Residence: No. 711 Bradley St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 30-1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Leonard Washington

14. BIRTHPLACE (city or town) (State or country) Mississippi

15. MAIDEN NAME OF MOTHER Grace Green

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hilda Green

(Address) 711 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemy Date 12/17— 1935

19. UNDERTAKER Payne & Waters

(Address) 213 N. Pine St.

FILED DEC 17 1935, 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1935, to Dec. 15, 1935

I last saw her alive on Dec. 15, 1935. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 12-12-35

Other contributory causes of importance:

Pneumonitis — Date of onset Life

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Haven Alfriellan, M. D.

(Address) Univ. Hospital

18646 F 18646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 ✓

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 21 St., ... (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME John Kolscher Life

(a) Residence: No. 1131 Sargent St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary L. Kolscher (nee Reitz)

DATE OF BIRTH (month, day, year) July 10, 1862.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1016

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tinner Contractor

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John F. Kolscher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary L. Kolscher
(Address) 1131 Sargent St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Date 12/18/ 1935

19. UNDERTAKER Harry L. Gutman
(Address) 4101 Edmondson Ave.

20. FILED ..... 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14-35

22. I HEREBY CERTIFY, That I attended deceased from 12-7-35 to 12-14-35 19....

I last saw him alive on 12-14-35 Death is said to have occurred on the date stated above, at 10.35 m. P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Cerebral Hemorrhage — Coma — Uremia

Other contributory causes of importance:

Senile Dementia — Contusion

Date of onset

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. L. Howard M. D.

(Address) University Hospital

F 18647

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18647

CERTIFICATE OF DEATH

157-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp. St., 20 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Girl Lombardi

(a) Residence: No. 3407 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) December 5 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Vincent Lombardo

14. BIRTHPLACE (city or town) (State or country) Balto. md.

15. MAIDEN NAME Mary Barranco

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Bon Secours Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Dec 17 1935

19. UNDERTAKER Frank Kelly Rees
(Address) 52 N Morley St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1935 to Dec 16 1935

I last saw her alive on Dec 16 1935 Death is said to have occurred on the date stated above, at 6:15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chondro-dystrophia fœtalis. (dwarf)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. C. MacLaughlin M. D.

(Address) Bon Secours Hosp

F 18648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13a

Registered No. 18648

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Paul Sales

(a) Residence: No. Box 21 St., Ward. Haiti
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-19-85

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Haiti

13. NAME Dumas Sales

14. BIRTHPLACE (city or town) (State or country) Haiti

15. MAIDEN NAME Theoline Marcel

16. BIRTHPLACE (city or town) (State or country) Haiti

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Port au Prince, Haiti Date Dec 18 1935

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1935, to Dec 16, 1935.
I last saw h.im alive on Dec 16, 1935. Death is said to have occurred on the date stated above, at 1 10 m.

The principal cause of death and related causes of importance were as follows:

Fecal fistula - Hemiplegia
Pulmonary tuberculosis
Dysentery

Date of onset
Nov. 1934
July 35

Other contributory causes of importance:

Chronic emaciation

Was an operation performed? Yes Date of Nov 2, 1935

For what disease or injury? Fecal fistula

Name of operation Sigmoid Colostomy Date Nov 7 35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Fred W Geb M. D.
(Address) Johns Hopkins Hospital

F 18649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 11 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Christopher Cornelius Fitzgerald If U. S. Veteran specify WAR .....

(a) Residence: No. 1105 David Hill ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	Colored	Widowed

If married, widowed or divorced HUSBAND of (or WIFE of) Gertrude Fitzgerald

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69			

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3942

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

13. NAME OF FATHER Joseph M. Fitzgerald

14. BIRTHPLACE (city or town) (State or country) Penn

15. MAIDEN NAME OF MOTHER Mary A. Ford

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT William L. Fitzgerald (Address) 1208 David Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Dec 18 1935

19. UNDERTAKER Samuel N. Chase & Son (Address) 638 N. Gilmor

20. FILED DEC 18 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-2-1934 to 12-15-1935

I last saw him alive on 12-15-1935 Death is said to have occurred on the date stated above, at 8.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	7-2-34
Other contributory causes of importance: Hydronephrosis (bilateral)	10-7-35

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23 If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) 600 N. Arlington

F 18650

3650 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 19 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Belle De Shields

(a) Residence: No. 522 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward De Shields

DATE OF BIRTH (month, day, year) Dec 16 - 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Richard Reason

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Martha Coon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward De Shields

(Address) 522 N. Carey a

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 19 1935

19. UNDERTAKER Samuel N. Chase Son

(Address) 638 N. Gilmor

Huntington Ave. Funeral Home

20. FILED DEC 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.16 1935

22. I HEREBY CERTIFY, That I attended deceased from 12.4 1935 to 12.16 1935

I last saw her alive on 12.16 1935 Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

Bilateral pyelo-nephrosis (acute) — Date of onset 11.28.35

Other contributory causes of importance:

Septicemia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, When?

(Signed) G. D. Jackson M. D.

(Address) 680 Arlington

F 18651

8651 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

PLACE OF DEATH Sinai Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2510 Eutaw Pl. Ward 9)

Length of residence In city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Sarah Frances Hillsley If U. S. Veteran specify WAR .....

(a) Residence: No. 5934 Harford Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed or divorced (or) WIFE of George Hillsley

DATE OF BIRTH (month, day, year) June 26 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME William Hadley

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Ann Long

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Nora L. Bosley (Address) 5934 Harford Road

18. BURIAL, CREMATION, OR REMOVAL Woodlawn, Md. Date Dec 18 1935

19. UNDERTAKER J. Wm Leighton, Inc (Address) 1726 Pa Ave

FILED Dec 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935, to Dec 16, 1935

I last saw her alive on Dec. 16, 1935 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	several years
Chronic nephritis	years
Other contributory causes of importance: Exhaustion	1 mo

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Robert E. Blake, M. D.

(Address) Med. Arts Bldg

F 18652

652 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2101 St Paul St., 12 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Letitia Lynelle Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 2101 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced HUSBAND of (or) WIFE of George W. Wilson

DATE OF BIRTH (month, day, year) Aug. 21, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Genealogist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williamsburg Va.

13. NAME Robert Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Julia Stevens

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Frankie Wilson
(Address) 202 Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Huntington Va Dec 19 1935
Place Date

19. UNDERTAKER Wm Fletcher Sons
(Address) Hood & Pasoes.

Filed 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Octobr, 1934, to Dec 16, 1935

I last saw her alive on Dec 16, 1935 Death is said to have occurred on the date stated above, at 6.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Duodenum	1934
Other contributory causes of importance: Arteriosclerosis	1934

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2020 N Charles.

F 18653

18653 HEALTH DEPARTMENT—CITY OF BALTIMORE

82a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

th of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Phillipena Shuppel

If U. S. Veteran specify WAR ...

(a) Residence: No. 707 N. Linwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mal	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Shuppel

DATE OF BIRTH (month, day, year) April 27-1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Caroline Messing

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward C. Shuppel

(Address) 707 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Cem Date Dec. 18 . 1935

19. UNDERTAKER M. L. Mulley & Son

(Address) 2364 Gilmor St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1935 to Dec. 15 . 1935

I last saw h[illegible] alive on Dec. 15 . 1935 Death is said to have occurred on the date stated above, at 2.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec. 6-35
Pulmonary congestion	12-14-35
Bronchopneumonia, bilateral	12-14-35

Other contributory causes of importance:

Cardiac failure	12-14-35
Hypertension	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bernard Lidman . M. D.

(Address) Sinai Hospital

F 18654

19626

18654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 17 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR .....

FULL NAME Harry Collick

(a) Residence: No 716 Dolphin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/10/22

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Harry Collick

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Florence Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ld Auburn Date 12-16, 1935

19. UNDERTAKER Jas. F. Skinner & Son

Address 530 N. Gilmor St

20. FILED ....., 19.... ..... Registrar.

RRH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1935, to Dec 15, 1935

I last saw h[illegible] alive on Dec 15, 1935 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of spine	about April 1935
Psoas abscess.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lydia B Edwards. M. D.

(Address) Johns Hopkins Hospital

18655 ✓ F 18655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

Registered No.

Y OF BALTIMORE: (No. BALTIMORE, MD. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Agnes C. Healy

(a) Residence: No. 2113 Mura St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced (or) WIFE of Herman W. Healy

ATE OF BIRTH (month, day, year) February 16, 1906

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
29 ~~30~~	10	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Louis Mohr

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Catherine Ouett

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Harry Healy

(Address) 2113 Mura St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec 21, 1935

19. UNDERTAKER John Fellis & Sons

(Address) 2008 Eutaw

20. FILED DEC 17 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1935, to December 16, 1935.

I last saw her alive on December 16, 1935. Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chorio-epithelioma of uterus	?
2. Visceral metastases	

Other contributory causes of importance:

1. Ind anaemia

Was an operation performed? no Date of ✓

For what disease or injury?

Name of operation ✓ Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. M. Mayneller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 18656

8656 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 107a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 10 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Mary Branston

(a) Residence: No. 934 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	?

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1 | ? | 67

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ohio

13. NAME George Branston

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records - B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal of Md Date Dec 17 19 35

19. UNDERTAKER
(Address)

20. FILED 1935 Hamilton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13 19 35

22. I HEREBY CERTIFY, That I attended deceased from 12/12/ 19 35 to 12/13 19 35

I last saw h alive on 12/13 19 35 Death is said to have occurred on the date stated above, at 7 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: myocardial insufficiency	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Tobias Weinberg M. D.

(Address) Balto. City Hosp.

1939

F 18657

18657 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hosp St., 17 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME William Daniels

If U. S. Veteran specify WAR .....

(a) Residence: No. 627 N Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, year) 3/12/35 1903

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Florida

13. NAME Wm Daniels

14. BIRTHPLACE (city or town) (State or country) Florida

15. MAIDEN NAME Anna Victoria

16. BIRTHPLACE (city or town) (State or country) Georgia

INFORMANT Reuels - B.C.H.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 7, 1935

UNDERTAKER
(Address)

FILED ..... 19..... Registrar

1935 Washington Funeral Home
1930 Apt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/10/35, 19..., to 12/12, 1935

I last saw h. alive on 12/12, 1935 Death is said to have occurred on the date stated above, at 5-30 m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Chronic Glomerular Nephritis	? 3 mos.
= Uremia	

Other contributory causes of importance:

Rheumatic Heart Disease?	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Tobias Weinberg, M. D.

(Address) Balto. City Hosp

✓ F 18658

58 . HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1535 McKean Ave. St., 15 Ward)

th of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Lottie E. Chalkley

(a) Residence: No. 1535 McKean Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Clarence J. Chalkley

ATE OF BIRTH (month, day, year) Dec. 27, 1892

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	43	11	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Annapolis, Md.

13. NAME Thomas Hopkins

14. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

15. MAIDEN NAME Augusta Craig

16. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

. INFORMANT Clarence J. Chalkley

(Address) 1535 McKean Ave.,

. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec. 19, 1935

9. UNDERTAKER John J. Dempsey

(Address) 415 Light St

7 1935 ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1935 to Dec 15 1935

I last saw her alive on Dec 5 1935. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	
Other contributory causes of importance: Acute Pneumonia	Dec

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Xrays Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Edgar Carter M. D.

(Address) 111 + Hartford Ave

F 18659

3659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. German Aged Home St., 20 Ward)

gth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Catherine Reichert

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 12, 1848

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Jacob Schenck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Susane Schlovbe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT German Aged Home Records
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Dec. 18, 1935

19. UNDERTAKER Joseph F. Cook
(Address) 1007 W. Baltimore St.

20. FILED 5 Dec 19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1935 to December 16, 1935

I last saw her alive on December 16, 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Chronic Nephritis	1yr. ago
Senility	

Other contributory causes of importance:

Asthenia	15 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo. O. McCleary. M. D.

(Address) 400 N. Payson St.

F 18660

8660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92c

Registered No. .....

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 E. Lombard St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Matilda C. Westerman

(a) Residence: No. 2119 E. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

DATE OF BIRTH (month, day, year) April 25th 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME Fred Westerman
14. BIRTHPLACE (city or town) (State or country) Europe
15. MAIDEN NAME Clara Koch
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Clara F. Westerman
(Address) 2119 E. Lombard St
18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 19th 1935
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
20. FILED DEC 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1935 to Dec 16 1935

I last saw her alive on Dec 15 1935 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocarditis	1 yr
Other contributory causes of importance Cerebral Hemorrhage	2 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward J. Cook, M. D.

(Address) 413 N Wasang Ave

P 1268-9

✓ F 18661

8661. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 11a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2718 Wilkins Ave St., 20 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Eleanore Martin No Record

(a) Residence: No. 2718 Wilkins Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Martin

DATE OF BIRTH (month, day, year) Oct 3 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none, retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

9. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

13. NAME August Richstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Hippenstiel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Sadie Kyne

(Address) 2718 Wilkins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Dec 19 35

19. UNDERTAKER Wm Bork

(Address) 1217 St Paul St

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 7 - 1935 to December 17 - 1935

I last saw her alive on December 16 - 1935. Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-6-35
Other contributory causes of importance: Influenza.	12-2-35

Name of operation Date of

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Kelmel, M. D.

(Address) 2532 Edmondson Ave.

F 18662

18662 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4658 York Rd 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME George M. Roberts

(a) Residence: No 4658 York Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Emily L. Roberts

DATE OF BIRTH (month, day, year) Sept 4th 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0017

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Maker

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas Roberts

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret Sheldon

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mildred R. Gates

(Address) 4658 York Road

18. BURIAL, CREMATION, OR REMOVAL Place Morland Park Date Dec 18th 1936

19. UNDERTAKER Wm Cook

(Address) 207 St Paul St

20. FILED 5 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1933 to Dec 15, 1936

I last saw h~~im~~ alive on Dec 15, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, mitral regurgitation	Some years ago
Other contributory causes of importance: Cardiac decompensation	Sept 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No Specify

(Signed) George McGrath M. D.

(Address) 4435 Maryland Ave

B. 1268-9

F 18663

8663 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE (No. Bon Secours Hospital Ward) 28

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Herbert Hill

(a) Residence No. 4502 Groveland Ave., Ward. No Record

(Usual place of abode) 28 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Nellie Hill

DATE OF BIRTH (month, day, year): Nov 25th 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Male Trained Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0048

10. Date deceased last worked at this occupation (month, day, year): Nov 15, 19 35

11. Total time (years) spent in this occupation: $

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Thomas P Hill

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Annie M. Bray

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Jessie M. Hill 4502 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Cemetery Date Dec 16, 1935

19. UNDERTAKER (Address): William Cook 1217 St Paul Street

20. FILED 5 Dec, 19 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1935 to Dec 15, 1935

I last saw him alive on Dec 15, 1935 Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows: Valvular Heart Disease 8 months ago — Date of onset

Other contributory causes of importance: Cardiac Decompensation C. Pneumonia congestion of Lungs

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A. Hamburger M. D.

(Address) Bon Secours Hospital

B 1268-9

664

F 18664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Died en route to Maryland General Hospital,

CITY OF BALTIMORE: (No. 1 W C A, St., 11 Ward) G+B

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Miss Mary E. Higgins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1 W C A, Frankford Ave & Oakdale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) May 1 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50.	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reading R.R. Co. Surgery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME OF FATHER Thomas Spotts Higgins

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

15. MAIDEN NAME OF MOTHER Willis Bradley

16. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

17. INFORMANT Miss Irene Kernan

Address 1 W C A

18. BURIAL, CREMATION, OR REMOVAL Place Phila Pa. Date Dec 17th 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED Dec 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 11 50 P M

The principal cause of death and related causes of importance were as follows:

Cara mary Stramboski

	Date of onset

Other contributory causes of importance: Pneumonia Edema

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A Mann, Coroner, M. D.

(Address) 1216 Hanover

F 18665

B 1268-9

18665 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) 27 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME John A. Strong

(a) Residence: No. 5508 Haddon Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Strong

DATE OF BIRTH (month, day, year) Jan. 1, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	14 15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo. W. Strong

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

15. MAIDEN NAME Emma K. Towson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Geo. W. Strong

(Address) 5510, Haddon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 19. 1935

19. UNDERTAKER John J. Denny

(Address) 715 Eutaw St

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1935, 19

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquire (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot in R. Side of Head	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide M Date of injury Dec. 16, 1935

Where did injury occur? U of M Medical School (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Gun shot Wound

Nature of injury Self Inflicted

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. R. Carnell M. D.

Coroner

(Address) 2737 W. North

F 18666

18666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1723

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Goodwood Rd St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 3 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosalie A Meurer

(a) Residence: No. 2704 Goodwood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Not Married

7. DATE OF BIRTH (month, day, year) Jan 6, 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frank L Meurer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth L Dombrowski

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Frank L Meurer (Father)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Burial Park Date 15th 1935

19. UNDERTAKER George Schiller & Son
(Address) 1124-1126 E Monument St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 — 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24 1935 to Dec. 15 — 1935

I last saw her alive on " 14 — 1935. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Dis. Heart	8 mo
Other contributory causes of importance:	
Pul. Tuberculosis	3 yrs.

Name of operation None Date of

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. D. Greer M. D.

(Address) 408 S. Pat Park Ave

F 18667

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18667

CERTIFICATE OF DEATH

V 133

PLACE OF DEATH Church Home and Infirmary

Registered No. 9

Y OF BALTIMORE: (No. N. Broadway St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lizette Woodworth Reese

(a) Residence: No. 2926 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	S.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unmarried

DATE OF BIRTH (month, day, year) Jan. 8, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME David Reese

14. BIRTHPLACE (city or town) Unknown
(State or country) Maryland

15. MAIDEN NAME Louisa Gabler.

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Lizette W. Reese

(Address) 2926 Harford Road

BURIAL, CREMATION, OR REMOVAL.

Place St Johns Hagerstown Date Dec 19th 1935

UNDERTAKER Jno C Schilling & Son

(Address) 1124-1126 E Monument St

FILED 19 Registrar.

5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1935 to Dec. 17 1935

I last saw her alive on Dec. 17 1935 Death is said to have occurred on the date stated above, at 4:25 AM.

The principal cause of death and related causes of importance were as follows:

Chronic Otitis Media — Date of onset 1860
Pyelitis — Unknown

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl H. Friehl M. D.

(Address) Church Home & Infirmary

18668

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18668

CERTIFICATE OF DEATH

V 163

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital 16 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Lillie Ruth

If U. S. Veteran specify WAR .....

(a) Residence: No. 813 Whatcoat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wade Ruth

DATE OF BIRTH (month, day, year) May 29-1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	6	17 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel County, Md

13. NAME Aaron Johnson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Caroline Richardson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wade Ruth

(Address) 813 Whatcoat St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/16/35 19

19. UNDERTAKER Thomas E. Kelso

(Address) 1303 Freastman St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 12-15 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	12-35
	12-7-35

Other contributory causes of importance: Poison - Bichloride of Mercury.

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 12-7 1935

Where did injury occur? Home 813 Whatcoat St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallow Bichloride of Mercury

Nature of injury at 10:30 AM - 12-7-35

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George C. Allen M. D.

Coroner

(Address) 50 Exeter St

F 18669

18669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 337 N. Gay St., 4 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Clara Cornblatt Cornblatt

(a) Residence: No. 337 N. Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of: Eli Cornblatt

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME Nathan Bass

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Krilgin

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT Eli Cornblatt (Husband)
(Address) 337 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date 12-18- 1935

19. UNDERTAKER Jack Levin Inc
(Address) 1729 E. Balto St

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17- 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1931 to December 17 1935

I last saw h[illegible] alive on December 17 1935. Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	1931
Chron. Myocarditis	1933
Broncho Pneumonia due	Dec 15, 1935

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton J. Soloman M. D.

(Address) 14 S. Broadway

F 18670

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18670

159

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Church Home & Inf. St., 6 Ward)

th of residence in city or town where death occurred ... yrs. mos. 2 ds. How Long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Boy Blumke

(a) Residence: No. Church Home & Infirmary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 12, 1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Fred Carlston

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Blumke

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER Body retained by Hospital. Exeter D. Howard Undr.
(Address)

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1935 to Dec. 14 1935

I last saw him alive on Dec. 14 1935. Death is said to have occurred on the date stated above, at 6:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, specify

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Inf.

18671 HEALTH DEPARTMENT—CITY OF BALTIMORE E 18671

CERTIFICATE OF DEATH

✓ 13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 804 S. Port Street St., 1 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

FULL NAME Walter F. Pilachowski

(a) Residence: No. 804 S. Port Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

If married, widowed, or divorced
HUSBAND of [redacted] Mary. E. Pilachowski

ATE OF BIRTH (month, day, year) July 27th/1895

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	4	20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milk Dairy
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John F. Pilachowski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Frances Zamenski
16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mrs. Mary E. Pilachowski
(Address) 804 S. Port Street

. BURIAL, CREMATION, OR REMOVAL
Pla St, Stanislaus Cem Date Dec 2/ 1935

. UNDERTAKER George A. Weber
(Address) 705 S. Ann Street

. FILED DEC 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1935 to Dec. 17 1935
I last saw h[illegible] alive on Dec. 16 1935. Death is said to have occurred on the date stated above, at 12 M. A. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

Whnt test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George A. Lipps Jr. M. D.

(Address) 432 S. Paulson Castle

3672 HEALTH DEPARTMENT—CITY OF BALTIMORE 18672

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hospitals St., 11 Ward)

th of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Cornelius T Thomas

(a) Residence: No. 720 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie T Thomas

DATE OF BIRTH (month, day, year) June 17, 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	5	29	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

9. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

10. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME Cornelius T Thomas

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Cassie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records - B. C. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 12/19/1935

19. UNDERTAKER Frances A. Hemsley

(Address) 52 E. Biddle St.

DEC 18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/11/1935 to 12/16, 1935

I last saw him alive on 12/16, 1935. Death is said to have occurred on the date stated above, at 12 o'clock A.m.

The principal cause of death and related causes of importance were as follows:

Interstitial nephritis — Date of onset ?

Other contributory causes of importance:

Bronchopneumonia — Date of onset ?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Tobias Weinberg, M. D.

(Address) Balto. City Hospitals

18873 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18873

CERTIFICATE OF DEATH

X 89-a

PLACE OF DEATH Union Memorial Hosp IV

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., ... Ward)

rth of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Henry Martin Kaschofer

(a) Residence: No. Queenstown Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 24 - '79

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Richard Kaschofer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sorst Knaus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Richard Kaschofer

(Address) Centreville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Centreville Md Date Dec 19 1935

19. UNDERTAKER Barton Bros

(Address) Centreville, Md

FILED DEC 18 1935 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1935 to Dec 17 1935

I last saw him alive on Dec 17 1935 Death is said to have occurred on the date stated above, at 430 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, cerebrospinal	12-12-35
Cerebral abscess (streptococcus)	12-7-35
(Hemolytic streptococcus) (CULTURE)	

Other contributory causes of importance:

Otitis media, bilat	10-12-35
Mastoiditis, bilat	10-22-35
Pneumonia	

Was an operation performed? yes Date of 12-9-35

For what disease or injury? Cerebral abscess

Name of operation Incision + drainage Date of 12-9-35

What test confirmed diagnosis? Culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Wound injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Colin MacRae M. D.

(Address) Union Mem Hosp Balt Md

D. B 1268-9

F 18674

18674 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 43 Wheeler Ave. St., 20 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Willie B. Birkett

(a) Residence: No. 43 Wheeler Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William H. Birkett

6. DATE OF BIRTH (month, day, year) Sept. 6th. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Stafford Wason

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME ? Wason

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Rose S. Bell
(Address) 43 Wheeler Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Dec 19. 1939

19. UNDERTAKER Mrs Mrs John W. Teufel & Son
(Address) 501 W. Fayette St

20. FILED ..... 19 ..... Registrar

DEC 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16th, 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry had that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos. H. Phillips M. D.

1939 Edmondson Ave
(Address)

F 18675

F 18675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR U S Coast Guard

FULL NAME David Arrington

(a) Residence: No. 722 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
M	Black	Married

If married, widowed, or divorced: WIFE of (Mary)

DATE OF BIRTH (month, day, year) 4-28-93

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME John Arrington

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Mary Collings

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place National Mem Date Dec 19 1935

19. UNDERTAKER James A Sayers
(Address) 24 Reinhardt St

20. FILED ... 19... Registrar

DEC 19 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-17 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1935 to Dec 17 1935

I last saw him alive on Dec 17 1935. Death is said to have occurred on the date stated above, at 4.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Tuberculous Meningitis	Nov 20.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edw B Grossman M. D.

(Address) The Johns Hopkins Hospital

18676 F 18676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-1-82-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

th of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME F. Fletcher Grubbs

(a) Residence: No. 742 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown.

ATE OF BIRTH (month, day, year) Feb. 28, 1886.

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Virginia.

12. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Bristol Tenn. Date Dec. 18. 1935

UNDERTAKER John E. Pilley
(Address) 24.35

FILED DEC 19 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH 1935

21. DATE OF DEATH (month, day, year) Dec. 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9. 1935. to Dec. 17. 1935.

I last saw him alive on Dec 17 1935. Death is said to have occurred on the date stated above, at 9.00 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis — Date of onset 1 day ago.
Arteriosclerosis — Unknown.

Other contributory causes of importance:

Cerebral thrombosis — 2 mos ago.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. A. De Lautelle M. D.

(Address) Baltimore City Hospitals.

F 18677 F 18677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 412 W. Saratoga St. St., 4 Ward)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Barabara Rupp

(a) Residence: No. 412 W. Saratoga St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day and year) Sept 21, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Nickolas Rupp

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Cathern Beck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Hofmeister

(Address) 1631 Gwynn Falls Pk.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 12-17-35

19. UNDERTAKER Wm. J. Tyson & Son

(Address) Walbrook, Md.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 15, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. D. Allen M. D.

(Address) 2757 Eutaw

18678 F 18678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3104 Wallbrook Ave. St., 15 Ward.

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Louisa Trumbull Bond

(a) Residence: No. 3104 Wallbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Allen K. Bond.

DATE OF BIRTH (month, day, year) Mar. 7 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) West River Md.

13. NAME Rev. Theodore S. Trumbull

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Susan Birckhead

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dr. Allen K. Bond
(Address) 3104 Wallbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Dec. 19. 35

19. UNDERTAKER Wm. H. Pickner Sons
(Address) 1701 Pa. Ave.

20. FILED DEC 19 1935 # 11[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1930 to Dec 17 1935

I last saw her alive on Dec 17 1935 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Sudden).	
Hypertension (Extreme)	
Other contributory causes of importance:	
Hypertension	1925
Arterio-Sclerosis	?

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓ ... 19 ...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) D.D. Dodds M. D.

(Address) 317 Medical Arts Bldg.

F 18679

D. B. 268-9 F 18679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 12 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clifton Shears Rogers

(a) Residence: No. 439 E. Lorraine Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Crawford Rogers

7. DATE OF BIRTH (month, day, year) October 8, 1875

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer. Railway Exp

10. Date deceased last worked at this occupation (month and year) Sept '35

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Warner Rogers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Jane Henry

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Crawford L. Rogers
(Address) 6110 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 18 1935

19. UNDERTAKER Wm. J. Tackett & Son
(Address) 1701 N. Eu. Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec. 16 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning (Attempted Suicide by Gas)	Dec 4th
Other contributory causes of importance: Lobar Pneumonia	Dec 14th

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Dec. 1935.

Where did injury occur? 439 E. Lorraine Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Illuminating Gas

Nature of injury Pulmonary Edema

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Dukes M. D.
Coroner

(Address) Lorraine

18680

HEALTH DEPARTMENT—CITY OF BALTIMORE F 18680

CERTIFICATE OF DEATH

23

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Franklin Square Hosp St., 17 Ward)

gth of residence in city or town where death occurred 18yrs mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME James Gavin

(a) Residence: No. 526 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of March 30. 1895

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto md

12. NAME Thomas Gavin

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Florence Seddon

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Walter J Gavin

(Address) 2739 Winchester St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 12/18, 1935

19. UNDERTAKER W J Tuckerman Inc

(Address)

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1935 to Dec. 17, 1935

I last saw him alive on Dec. 17, 1935 death is said to have occurred on the date stated above, at 2.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	appx. 1 yr.
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ....., 19.....

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) D. D. Caplea, M. D.

(Address) Franklin Sq Hosp City

F 18681

18681 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred 81 yrs. 6 mos. 20 ds. How long in U. S.? If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Lafayette Pierpoint

(a) Residence: No. 1785 Eldemont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Ella V. Pierpont

DATE OF BIRTH (month, day, year) May 28, 1854

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Joseph Pierpont

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliz Paddicond

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Churchtown Pa. Date Dec. 20, 1935

19. UNDERTAKER Wm Pickup Sons
(Address) North + Paines

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1935 to 12-18, 1935

I last saw h[illegible] alive on 12-18, 1935 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis heart disease
Cerebro Sclerosis

Other contributory causes of importance:

Stokes Adams syndrome.

Date of onset

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. P. Staples, M. D.

(Address) Mt Vernon Hosp

H 1268-9

✓ F 18682

3682 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
Y OF BALTIMORE: (No. Gres Falls & Fawn St., 3 Ward)

rth of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da. Was U. S. Veteran (Specify WAR .....)

FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[illegible]	Colored	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ''

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
[illegible]	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) ''

13. NAME ''

14. BIRTHPLACE (city or town) (State or country) ''

15. MAIDEN NAME ''

16. BIRTHPLACE (city or town) (State or country) ''

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 18, 19

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar

DEC 18 1935

DEC 19 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Other contributory causes of importance: Probably acute alcoholism	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 11, 1935

Where did injury occur? Gres Falls at Fawn
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place (Balto Co Md)

Manner of injury Stumbled & Fell overboard

Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. M. Mayer M. D.
Coroner

(Address) 1610 S. Edmondson Ave

THE MORGUE DEC 19 1935

D. B. 1268-9

3683

F 18683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Appleton St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 months How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Bradley

(a) Residence: No. 824 Appleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 17/35

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John E. Bradley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Maude Donnelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Mrs Maude Bradley

(Address) 824 Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 18, 19 35

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1935 to Dec 17, 1935

I last saw him alive on Dec 17, 1935 Death is said to have occurred on the date stated above, at 8:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, Incipient, Bilateral	
Complication of Cord	

Other contributory causes of importance:

Difficulty on Birth, Cord Around Neck	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopay?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N.A. Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. A. Smith, M. D.

(Address) 1600 W. North Ave

18684

HEALTH DEPARTMENT—CITY OF BALTIMORE

18684

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Scott St., 21 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William A. Gresham

(a) Residence: No. 521 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine A. Boyne

DATE OF BIRTH (month, day, year) Sept 13 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME William A Gresham

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Julia Toone

16. BIRTHPLACE (City or town) (State or country) Va

17. INFORMANT Mr. Frank A. Gresham

(Address) 521 Scott Street

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 12-20-35

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Fulton Street

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/35

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7 1935 to Dec 17 1935

I last saw him alive on Dec. 17 1935 Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/7/35
Other contributory causes of importance:	
Exhaustion	12/16/35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12/18/35 (Signed) R. F. Campbell M. D.

(Address) 1644 Hanover St

18685 ✓ F 18685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 910 Aisquith St. St., 10 Ward)

th of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Irene Jane Hutchins

If U. S. Veteran specify WAR .....

(a) Residence: No. 910 Aisquith St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Hutchins

DATE OF BIRTH (month, day, year) Exact date unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Eastern Shore Md

13. NAME Harry Hopkins

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

15. MAIDEN NAME Maria —

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

INFORMANT Thomas Hutchins (Son)
(Address) 910 Aisquith Street

BURIAL, CREMATION, OR REMOVAL.
Place Cedar Grove Cemetery Date Dec. 19 1935

UNDERTAKER Robert J. Young.
(Address) 804 N. Carrollton St.

FILED 12-19-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Dec 16 1935

I last saw h.. alive on Dec 14 1935 Death is said to have occurred on the date stated above, at 9.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatoid Arthritis	about 2 yrs
Other contributory causes of importance: Myocarditis Arteria-Sclerosis.	about 2 yrs

Was an operation performed? none Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E. Monument St

Ernest J. Lowrey (Lowry) F 18686

F 18686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-D

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert 33rd St., 27 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ernest J. Lowrey

(a) Residence: No. 4306 Greenway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 2 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Linen Thread Mfg

10. Date deceased last worked at this occupation (month and year) Dec 17th 1935

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Boston mass.

13. NAME Lawson M. Lowrey

14. BIRTHPLACE (city or town) (State or country) Mo. Centralia

15. MAIDEN NAME Ella V. Spalding

16. BIRTHPLACE (city or town) (State or country) Troy Mo

17. INFORMANT Ralph Truitt Mo

(Address) 1014 St Paul St. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place New York Date Dec 18, 1935

19. UNDERTAKER Henry H Jenkins Sons

(Address) Eutaw & Mt Royal Ave

20. FILED Dec 19 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17th, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide poisoning	Dec 17th

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 17, 1935

Where did injury occur? Garage 4306 Greenway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in Garage (Private)

Manner of injury Inhalation Carbon monoxide

Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. L. Didusch M. D. Coroner

(Address) Gunpowder

B. 1268-9

F 18687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Sinai Hospital St., 9 Ward)

th of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Bay Clautice

(a) Residence: No. 620 E. 27th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Dec. 16 1935

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME Charles Clautice

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Mary Joseph Hulson

16. BIRTHPLACE (city or town) (State or country) Philadelphia Penn.

INFORMANT Mother

(Address)

. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cemetery Date Dec 18 1935

. UNDERTAKER

(Address)

. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1935 to Dec 17 1935

I last saw him alive on Dec 17 1935 Death is said to have occurred on the date stated above, at 9:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emily Finkelstein M. D.

(Address) Sinai Hospital

F 18688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 317 E. North ave. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Elizabeth Brown

If U. S. Veteran specify WAR

(a) Residence: No. 317 E. North ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	white	Widow

(married, widowed, or divorced) HUSBAND of (or) WIFE of John H. Brown

ATE OF BIRTH (month, day, year) Feb. 17, 1849

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	9	29 30	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John H. Lange

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Carolina Meisinger

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Margaret Brown

(Address) 317 E. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec. 19, 1935

UNDERTAKER E. Leroy Stifflemire & Son

(Address) 125 E. North Ave.

FILED DEC 19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935 to Dec. 16, 1935

I last saw her alive on Dec. 10, 1935. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Left femur.	
Myocardial Insufficiency.	
Arteriosclerosis	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. M. Rogers M. D.

(Address) 1812 E. Broadway

P 1258-9

✓ F 18689

3689 HEALTH DEPARTMENT—CITY OF BALTIMORE

93c

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Church Home and Infirmary

Y OF BALTIMORE: (No. N. Broadway St., 11 Ward)

th of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie Taylor

(a) Residence: No. 926 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	S.

If married, widowed, or divorced
HUSBAND of (or) WIFE of None

DATE OF BIRTH (month, day, year) July 6, 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Robert Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Annie Stevenson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mr. H. R. Taylor
(Address) 600 Somerset Rd.

18. BURIAL, CREMATION, OR REMOVAL Cremation
Place Loudon Park Date Dec 19 1935

19. UNDERTAKER Henry W. Jenkins & Sons Co
(Address) Orchard Cor Calhoun St

FILED Dec 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1935 to Dec. 17, 1935

I last saw her alive on Dec 17, 1935 Death is said to have occurred on the date stated above, at 4:55 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia terminal	Dec 15
Other contributory causes of importance:	
Cerebral arteriosclerosis with mental deterioration	?
Arteriosclerotic Heart Disease	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl H. Fuchs, M. D.

(Address) Church Home & Infirmary

✓ F 18690

690 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1501 E Fedral St. 8 Ward)

gth of residence in city or town where death occurred 79 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

FULL NAME George Pulelty

(a) Residence: No. 1501 E Fedral St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Pulelty

6. DATE OF BIRTH (month, day, year) 26 Oct 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	1	23 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Business Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1945

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Emma Pulelty

(Address) 1501 E Fedral St

17. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/20 19 35

18. UNDERTAKER Lee & Myers 22 S. Frank

(Address) 2512 Wilkens Ave.

19. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17 19 35

22. I HEREBY CERTIFY, That I attended deceased from October 14 19 35 to December 17 19 35

I last saw h... alive on December 16 19 35 Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Pulmonary Pneumonia	2 yrs ago
Other contributory causes of importance Cardiac Dilatation	3 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Greenberg M. D.

(Address) 2018 E Monument St

F 18691

691 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4902

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 432 N. Clinton St., 26 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Freda Drzewiecki.

(a) Residence: No. 432 N. Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Felix Drzewiecki.

DATE OF BIRTH (month, day, year) April 21. 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore City.

13. NAME John Ott,

14. BIRTHPLACE (city or town) (State or country) Baltimore City

15. MAIDEN NAME Lizzie Hecker,

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Felix L. Drzewiecki
(Address) 432 N. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Cem Date DEC 20 1935

19. UNDERTAKER Robert S Little
(Address) 2700 Edmondson Ave.

20. FILED DEC 20 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 17 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1935 to Dec 17th, 1935

I last saw her alive on Dec 17th, 1935 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary (Recurrent)	2.

Other contributory causes of importance:

Was an operation performed? Yes Date of June 21/35

For what disease or injury? Malignant Papiloma of Ovary

Name of operation Exploratory Date of 6/21/35

What test confirmed diagnosis? microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. J. Tankin, M. D.

(Address) 119 N Mellor Ave

3582 Mc Kenzie F 18692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18692 72a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Thomas H. McKenzie

(a) Residence: No. Morling Ave St., Ward. Parkville Md.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mildred

DATE OF BIRTH (month, day, year): 3/25/77

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Yale Dynamating Co 1031

10. Date deceased last worked at this occupation (month, day, year): Sept 6 1935

11. Total time (years) spent in this occupation: 11

BIRTHPLACE (city or town) (State or country): Maryland

13. NAME of father: Caleb McKenzie

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME of mother: Matilda Cummings

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Friends
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Park Date 12/19 1935

19. UNDERTAKER: H. McCormick & Son
(Address) 1210 E. Baltimore St.

20. FILED 12 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1935 to Dec. 17 1935

I last saw him alive on Dec. 17 1935. Death is said to have occurred on the date stated above, at 1:50 P m.

The principal cause of death and related causes of importance were as follows:

Lymphoid Leucemia — Date of onset May, 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Studies Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph T. Laclusk, Jr. M. D.

(Address) Johns Hopkins Hospital

✓ F 18693

3693 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46c

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3507 Garrison Blvd. Ward)

rth of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Henrietta Hecht Berg

(a) Residence: No. 3507 Garrison Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced
HUSBAND (or) WIFE of Mannie Berg

DATE OF BIRTH (month, day, year) Mch 3, 1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York

13. NAME OF FATHER Meyer S. Hecht

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Betsy Meyer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Mannie Berg
(Address) 3507 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date 12/20/ 1935

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Pl.

20. FILED 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1935, to 12-18, 1935

I last saw h[illegible] alive on 12-18, 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon with metastasis	3/35

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-13-35

For what disease or injury?

Name of operation Colostomy Date of 3-13-35

What test confirmed diagnosis At Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Edmund Levin, M. D.

(Address) 2037 Park Ave.

P. 1268-9

F 18694

3694 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH Church Home and Infirmary 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. N. Broadway St., 11 Ward)

th of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ralph B. Bonwit.

(a) Residence: No. Stafford Hotel Balto. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Liona Frank Bonwit

DATE OF BIRTH (month, day, year) May 28, 1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	7 6	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies Furnishings.

8. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation 16 yrs.

BIRTHPLACE (city or town) (State or country) Chicago

13. NAME Max Bonwit

14. BIRTHPLACE (city or town) (State or country) Hanover Germany

15. MAIDEN NAME Sadie Levy

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMANT (Address) Ralph Bonwit. Stafford Hotel.

18. ~~BURIAL, CREMATION,~~ REMOVAL
Final Mt Nebo Am. Brooklyn, N.Y. Date Dec. 19 1935

19. UNDERTAKER (Address) Baird Sondheim + Co. 1902 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1935 to Dec. 17 1935

I last saw him alive on Dec. 17 1935 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia. — Date of onset 12-10

Other contributory causes of importance:

Leukopenia — 12-11.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Earl H. Zuckerman M. D.

(Address) Church Home + Infirmary

F 18695

8695 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 1418 Cookrie St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

rth of residence in city or town where death occurred yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Florence M. Wilder (Infant) If U. S. Veteran specify WAR

(a) Residence: No. 1418 Cookrie St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) Sept. 26, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	18 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Phillip E. Wilder

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME OF MOTHER Martha Hartzell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Phillip E. Wilder (Address) 1418 Cookrie St.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Date Dec 19, 1935

19. UNDERTAKER A. Howard Evans (Address) 1466-02 S. Charles St.

FILED DEC 19 1935 Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1935 to Dec. 17, 1935

I last saw HER alive on Dec. 16, 1935 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	12/16/35
Other contributory cause of importance: Exhaustion	12/16/35

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

12/18/35 (Signed) H. B. Campbell M. D.

(Address) 1644 Hanover St

F 18696

D. B. F-18696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Calvert town Rd 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John A. Bidel

(a) Residence: No. 127 Calvertown Rd St., Ward. Middletown and

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia S. Bidle

7. DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middletown md

FATHER

13. NAME Wm. B. Bidle

14. BIRTHPLACE (city or town) (State or country) Middletown Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) — —

17. INFORMANT Mrs. Ella Bradley

(Address) 127 South Calvertown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown Date 12/31 Funeral Dec 31

19. UNDERTAKER Gladhill & Co.

(Address) Middletown Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above. Inquiry 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia, Right Sided	
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos H Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

18697 Balto F 18697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (Specify WAR)

2. FULL NAME Mary Blitz

(a) Residence: No. 3915 Banquito Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles W. Blitz

DATE OF BIRTH (month, day, year) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Austria
(State or country)

13. NAME Mary Kirchbaum

14. BIRTHPLACE (city or town) Austria
(State or country)

15. MAIDEN NAME Anna Wartzek

16. BIRTHPLACE (city or town) Austria
(State or country)

17. INFORMANT C. W. Blitz
(Address) 3915 Banquito Rd

18. BURIAL, CREMATION, OR REMOVAL Mount Zion
Place New York N.Y. Date Dec 19 1935

19. UNDERTAKER Sol Levinson & Bro
(Address) 1126 N. North Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 719 E. North Ave.

B. 1265-0

F 18698

18698 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 107-a

PLACE OF DEATH Homewood Apts

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Charles & 31st St., 12 Ward)

Length of residence in city or town where death occurred 78 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Kirkwood England

(a) Residence: No. Homewood Apts Charles & 31st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 19th 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	1	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Townsend

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary E England

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Joseph T. England

(Address) Homewood Apts

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12/19th 1935

UNDERTAKER Henry H Jenkins & Co

(Address) Eastern Ave & Collington Av

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1935 to Dec 17 1935

I last saw her alive on Dec 17 1935 Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis many years	-
Senescence -	
Terminal bronchopneumonia -	3d

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carroll Packard M. D.

(Address) 4 E Preston

B 1268-9

18699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18699

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. South Baltimore General Hospital Ward) 22

th of residence in city or town where death occurred 6 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ....yrs. .... mos. .... ds.

FULL NAME Bertha M. Shiflett

(a) Residence: No. 608 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

married, XXXXXXXXXXXX
(or) WIFE of Wilfred Shiflett.

ATE OF BIRTH (month, day, year) June 20, 1909

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	5	27	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None.

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Cornelious Coffey.

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Kimmie Weeks.

16. BIRTHPLACE (city or town) (State or country) Virginia.

INFORMANT Kimmie Coffey. (mother)

(Address) 619 S. Charles St.

BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Dec 19. 1935

UNDERTAKER John F Deegan

(Address) 715 Light St

FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify.

(Signed) Otto M. Steinhardt, M. D.
Coroner

12/18/35 (Address) 1017 S. Charles St.

Dec. 1-10-21—M&T—1500 Blks.

8700 *

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18700

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Hollen Road ST. 27 WARD)

2-FULL NAME James Columbus Logan

(a) RESIDENCE NO. 607 Hollen Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Emma Priscilla Logan

7 DATE OF BIRTH (month, day, and year) Feb. 1, 1867

8 AGE — Years: 68 — Months: 10 — Days: 16 — If LESS than 1 day, ~~8~~ hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: City of Baltimore

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James Logan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wisconsin

12 MAIDEN NAME OF MOTHER: Mary Eliz. League

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Emma P. Logan

(Address): 607 Hollen Road

15 Filed . 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17, 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1935, to Dec. 17, 1935

that I last saw him alive on Dec. 17, 1935

and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Cole, M. D.

12-17, 1935 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec 20 1935

20 UNDERTAKER: John H. Denny — ADDRESS: 715 Light St.

18701 F 18701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

PLACE OF DEATH Church Home & Infirmary St., 93 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George L. Ward.

(a) Residence: No. 411 Pontiac Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Nellie Ward.

6. DATE OF BIRTH (month, day, year) May 23, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George County.

13. NAME of Father H. Benjamin Ward.

14. BIRTHPLACE (city or town) (State or country) Prince George County.

15. MAIDEN NAME of Mother Mary Ann McDaniel

16. BIRTHPLACE (city or town) (State or country) Charles County.

17. INFORMANT Nellie Ward
(Address) 411 Pontiac Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodstock Cem. Date Dec. 20, 1935

19. UNDERTAKER John F. Deegan
(Address) 5 Light St.

20. FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1935, to Dec. 17, 1935.

I last saw him alive on Dec 17, 1935. Death is said to have occurred on the date stated above, at 4:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	
Hypertension, cardiac hypertrophy	
Arteriosclerosis.	
Chronic nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John A. Myers, M. D.

(Address) Church Home & Infirmary.

18702 F 18702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 92-a

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1904 E. 31st St., 9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ella J. Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1904 E. 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 7-1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER James Jones

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Lydia Palmer

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

17. INFORMANT Charles Jones
(Address) 1904 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date 12/17, 19

19. UNDERTAKER Leonard Reif
(Address) 1015 Harford Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1935, to Dec. 17, 1935

I last saw her alive on Dec. 16, 1935. Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	1 week

Other contributory causes of importance:

Myocarditis	
Endocarditis	1 yr

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carl F. Benson, M. D.

(Address) 5111 York Road

F 18703

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18703

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto City Hospt St., 11 Ward)

th of residence in city or town where death occurred? ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME James Bosworth

(a) Residence: No. 509 N. Howard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) Mar. 15, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Product Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thos. Bosworth

14. BIRTHPLACE (city or town) (State or country) ? Md

15. MAIDEN NAME Julia Andrews

16. BIRTHPLACE (city or town) (State or country) ? Md

INFORMANT (Address) Balto City Hospt Records

BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 12/19/35

UNDERTAKER (Address) Phillips Sterling Sons 2016 Eutaw St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-6-1935 to 12-17-1935

I last saw him alive on 12-17-1935 Death is said to have occurred on the date stated above, at 5 33 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cholecystitis with Cholangitis	Feb.
Other contributory causes of importance: Bronchopneumonia	1 day

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. F. Martin M. D.

(Address) Balto City Hospt

D. B. 1268-9

F 18704

Brinton

F 18704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 Woodland Ave St. 1st Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Brinton

(a) Residence: No. 1912 Penna Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Brinton

DATE OF BIRTH (month, day, year) May 11 - 1872

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	63	7	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Warrington Va

13. NAME Rowsan Craig

14. BIRTHPLACE (city or town) (State or country) Warrington Va

15. MAIDEN NAME died white

16. BIRTHPLACE (city or town) (State or country) Harrington Va

17. INFORMANT Emma Brinton

(Address) 1912 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pt Calvert Date 12/17/35

19. UNDERTAKER Robert McKeever & Son Inc

(Address) 15 N Eutaw St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 16, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second + third degree burn body	12 15

Other contributory causes of importance: .....

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-15, 19 35

Where did injury occur? 1912 Penna Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home Kitchen of home

Manner of injury Coal oil stove exploded

Nature of injury Caught on fire

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen M. D. Coroner

(Address) 52 Aisquith St

18705 F 18705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Amelia Brettholl (AMELIA BRETTHOLL) If U. S Veteran specify WAR ...

(a) Residence: No. 1934 East 28th St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Bretthold

DATE OF BIRTH (month, day, year) August 13, 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ocd

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Battenfield

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Amelia Hanson

16. BIRTHPLACE (city or town) (State or country) Boston Mass.

17. INFORMANT Mr. Wm. H. Bretthold (Son)

(Address) 4 Woodside Ave. Parkville

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date Dec. 20. 1935
Place

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from November 26. 1935. to December 17. 1935

I last saw her alive on December 17. 1935 Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

1. Gunteappendicitis
2. Peritonitis.
3. 2nd anaemia

Other contributory causes of importance:

Was an operation performed? yes Date of Nov. 26 1935

For what disease or injury? Gaunte appendicitis

Name of operation appendectomy Date of 11-26-35

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, state ...

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

B. 1368 18706 F 18706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-B

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 752 W. Mulberry St., 17 Ward)

th of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Cora Barber

(a) Residence: No. 752 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

f married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of George Barber

ATE OF BIRTH (month, day, year) March 25, 1900

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	8	22	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

0. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) St. Marys Co
(State or country) Md.

13. NAME Lucie Brown

14. BIRTHPLACE (city or town) St Marys Co
(State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) "
(State or country) "

INFORMANT George Barber
(Address) 752 W Mulberry St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date 12/21/1935

UNDERTAKER Francis A. Hemsley
(Address) 512 W. Biddle St.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-29-35, 19..., to 12-18-35, 19...

I last saw her alive on 12-18-35, 19... Death is said to have occurred on the date stated above, at 5:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	
Carcinoma (Chronic)	

Other contributory causes of importance:

History of ~~cancer~~ ulcer of stomach for years, treated by medical means. Referred to us by hospital.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bernard J. Tenny M. D.

(Address) 910 W. Lombard

DEC 19 1935 104

D. B 1268-9

✓ F 18707

8707 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Hunter St St., 12 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mattie Evans

(a) Residence: No. 2310 Hunter St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ? 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 60	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec '35

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Emanuel Grd Date Dec 19, 19

(Undertaker's) Health,

UNDERTAKER
(Address)

..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) H. H. Dudenhoefer M. D.
Coroner

(Address) .....

301

18708 ✓ F 18708

18708 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Volunteers Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Catherine Dorothy Freiberg If U. S. Veteran specify WAR

(a) Residence: No. 139 N. Janney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Infant

If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) 12-12-35

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Howard Manning

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Catherine Freiberg

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Catherine Freiberg

(Address) 139 N. Janney St.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 19 1935

19. UNDERTAKER

(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-12 1935 to 12-19 1935

I last saw her alive on 12-19 1935 Death is said to have occurred on the date stated above, at 3 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Haemorrhagic Disease of the newborn	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Comey M. D.

(Address) Vol. Hospital

1935 948

5-811

18709

F 18709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 117-B

Registered No. .....

PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Samuel House

If U. S. Veteran specify WAR .....

(a) Residence: No. Rockaway Beach St., ... Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ anna

DATE OF BIRTH (month, day, year) 5/29/74

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Michael House

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 20. 1935

19. UNDERTAKER Joseph Luber

(Address) 1600 W. Baltimore

20. FILED Dec 19 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31. 1935 to Dec. 17. 1935

I last saw him alive on Dec. 17, 1935 Death is said to have occurred on the date stated above, at ... in

The principal cause of death and related causes of importance were as follows:

Duodenal ulcer
diabetes mellitus

Date of onset
6 months
2 yrs

Other contributory causes of importance:

Bleeding from duodenal ulcer

Was an operation performed? yes Date of Dec 6. 1935

For what disease or injury?

Name of operation Gastro-enterostomy Date of operation Dec 6 1935

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred W Leib M. D.

(Address) Johns Hopkins Hospital

F 18710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1659 W. North Ave St., 12 Ward)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Anna M. B. Dorsey.

(a) Residence: No. 1659 W. North Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Caleb Dorsey.

DATE OF BIRTH (month, day, year) Nov. 9 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 12/1/35

11. Total time (years) spent in this occupation 33

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Isaac Marden

14. BIRTHPLACE (city or town) (State or country) New Hampshire

15. MAIDEN NAME OF MOTHER Anna Maria Brice

16. BIRTHPLACE (city or town) (State or country) Annandel Co. Md.

INFORMANT St. Caleb Dorsey

(Address) 1659 W. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Dec 20 1935

UNDERTAKER Josiah Eyler

(Address) 1210 W. North Ave

FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13. 1935 to Dec. 18. 1935

I last saw h~~er~~ alive on Dec 17. 1935 Death is said to have occurred on the date stated above, at 1.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Volvulus ileum	1935
disease.	
Ch. Pancreatitis Necrotic	1932

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Hysterectomy Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W. North ave.

F 18711

3711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-D

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12th Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. 9 mos. 9 ds.

If U. S. Veteran specify WAR NONE

FULL NAME Henry Martin Leitch

(a) Residence: No. 1016 Beaumont Ave St., Ward. Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie B. Leitch

DATE OF BIRTH (month, day, year) March 1, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advising Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ass't Balto Law Dept

10. Date deceased last worked at this occupation (month, day, year) Nov 30, 1935

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Edw G. Leitch

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Matilda Martin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr C W Taylor (am-n-law)

(Address) Hospital Balto.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date Dec 21, 35 19

19. UNDERTAKER Stewart Morgan Co.

(Address) 108 Mentaur.

Filed 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1935 to December 15, 1935

I last saw h. in alive on December 15, 1935 Death is said to have occurred on the date stated above, at 2:10 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the rectum

Date of onset 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Leitch Bucl M. D.

(Address) Union Memorial Hosp.

18712 ✓ F 18712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-C

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? yrs. ..... mos. ..... ds.

FULL NAME Antoni Rutkowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 452 Cookesia St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced (1) SPOUSE of (2) WIFE of: Mary

DATE OF BIRTH (month, day, year): 6-13-1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Poland

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Mary Wiobowski

16. BIRTHPLACE (city or town) (State or country): Poland

INFORMANT: Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Date: 12/21 . 19 35

UNDERTAKER: E. F. McNulty

(Address): 1302 E. Fayette

FILED: 12 1935 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-18 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-1 . 1935 to 12-18 . 1935

I last saw him alive on 12-18 . 1935 Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell Carcinoma Floor of Mouth & Metastases to Neck	Unknown
Other contributory causes of importance: Terminal Bronchopneumonia	12-16-35

Was an operation performed? Yes Date of 10-18-35

For what disease or injury? Ca Floor of Mouth

Name of operation Biopsy Date 10-18-35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp

P 1268-9

F 18713

713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat St., 28 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sister Ewalda Kelly

(a) Residence: No. Glen Riddle, Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 4-1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Francis Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Melvin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT From Sisters of St. Joseph Hospital
(Address) Caroline & Eden Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemy Date Dec. 20, 1935

19. UNDERTAKER Henry Houck Sons, Inc
(Address) 301 E. Eager St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1928 to Dec 19, 1935

I last saw her alive on Dec 19, 1935 Death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	1 yr.
Chronic interstitial nephritis	7 yrs.
Left side hemiplegia due to cerebral hemorrhage	1 yr.
Other contributory causes of importance:	
Paranoid Psychosis	21 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dallas P. Clark M.D.

(Address) 3316 Fredrick Ave

O. B 1268-9

F 18714

14

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Fleetwood Ave. St., 77 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard K. Christopher

(a) Residence: No. 2512 Fleetwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or WIFE of) Emma W. Christopher

DATE OF BIRTH (month, day, year) July 2, 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foundry Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER'S MAIDEN NAME

13. NAME Thomas B. Christopher

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Sarah E. Youngman

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Richard T. Christopher
(Address) 2101 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Dec 30 1935

19. UNDERTAKER A. Geo. John Ullrich & Son
(Address) 2008 Orleans St.

20. FILED ... 19 ... Registrar.

D 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1319 E. North Ave.

B 1268-9

F 18715

8715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. South Baltimore General Hospital Ward) 9

th of residence in city or town where death occurred 50 yrs. ---mos.--- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret S. Wright.

(a) Residence: No. 1732 Montpelier St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow.

(WIFE, widowed, of XXXXX) (or) WIFE of Robert M. Wright.

ATE OF BIRTH (month, day, year) August 17,1849

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	4	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) York Co. Pa.

13. NAME Samuel Grove.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT August Chaudron.(soninlaw)
(Address) 1708 Allendale Rd.

BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 20 1935

UNDERTAKER John Welsh
(Address) 2008 Orleans St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur.	
Occidental fall to the floor.	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Hospital

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 6, 1935

Where did injury occur? 1732 Montpelier st.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Fall to floor

Nature of injury Fractured left femur.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Kentzler, M. D.
Coroner

(Address) 1017 N. Charles st.

12/18/35

FILED ... 19... Registrar.

✓ F 18716

716 HEALTH DEPARTMENT—CITY OF BALTIMORE

66-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 27 Ward)

gth of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME JOHN J. KIDD.

(a) Residence: No. 7 LONGWOOD ROAD St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE.	WHITE.	MARRIED.

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Emma Kidd

DATE OF BIRTH (month, day, year) Jan - 23 - 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Father John M. Kidd

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Rebecca Adams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Emma Cathell Kidd
(Address) 7 Longwood Road Roland Park

18. BURIAL, CREMATION, OR REMOVAL Greenmount
Place Druid Ridge Date 12/21/35

19. UNDERTAKER Chas. H. Hamerton
(Address) 115 W. Mt. Royal Ave

20. FILED 12/21/35 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1935, to 12-18-35, 19...

I last saw him alive on 12-18, 1935. Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
MYXEDEMA.	1927
ARTERIO SCLEROTIC C.V. DISEASE	
CORONARY OCCLUSION	Vela 12

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Francis G. Dickey M. D.

(Address) University Hospital

F 18717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 15

PLACE OF DEATH University Hospital Baltimore Md

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 625 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Elisha Jones

(a) Residence: No. Mechanicsville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Chloe Jones

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Dayton Ohio

13. NAME Enoch Jones

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Lydia Greaves

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT (Address) A. Golden Jones Hughesville Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Hughesville Md Date 12/22 1935

19. UNDERTAKER (Address) Brandt & Taylor Waldorf Md

19 ..... Registrar.

FHD 12-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1935, to 12-19, 1935

I last saw him alive on 12-19, 1935 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Erysipelas & cellulitis of right leg followed by gangrene & streptococcic septicemia — Date of onset .....

Other contributory causes of importance: arteriosclerotic cardiovascular disease

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. Freeman, M. D.

(Address) University Hospital

F 18718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary M Town

(a) Residence: No. 911 N. 63rd St., Wynnewood, Penn.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7/8/18

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penn

13. NAME Charles M Town
14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Julia Coyle
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fair Mount Date Dec 22 1925

19. UNDERTAKER Wm J Lucas & Son
(Address) North & Co

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1925

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1925, to Dec. 19, 1925.
I last saw her alive on Dec 19, 1925. Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess — Staphylococcus aureus	June 1925

Other contributory causes of importance:
Pneumonia, Staphylococcus

Was an operation performed? Yes Date of 11/20/25.
For what disease or injury?
Name of operation Rt. craniotomy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Stafford, M. D.
(Address) The Johns Hopkins Hosp.

F 18719

18719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. ..... Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rachel Hubbard

(a) Residence: No. 3305 Rogers ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs Samuel Manson

(Address) 3305 Rogers ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date 12/20 19 35

19. UNDERTAKER Mrs Chas G. Bailey

(Address) 1421 Jefferson St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.17 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 12.14 , 1935 to 12.17 , 1935

I last saw her alive on 12.17 , 1935 Death is said to have occurred on the date stated above, at 4:15 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 12-12-35

Other contributory causes of importance: Chronic myocarditis — 2 yrs ago

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) 604 N. Eutaw

18720

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18720

47-a

CERTIFICATE OF DEATH

PLACE OF DEATH South Baltimore General Hosp Registered No.

CITY OF BALTIMORE: (No. 1213 Light St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2/3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clarence Pettit

If U. S. Veteran specify WAR

(a) Residence: No. 634 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Estelle [illegible]

DATE OF BIRTH (month, day, year) About 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1928

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeper

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 25

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William L. Pettit

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME Mord T. Cook

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm S. Pettit

(Address) 2601 Barton Ave Richmond Va

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 20th 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED, 19 [illegible] Registrar.

20 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935 to Dec 18, 1935

I last saw him alive on Dec 18, 1935 Death is said to have occurred on the date stated above, at 3 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	

Other contributory causes of importance:

Was an operation performed? Tracheotomy & Gastrostomy

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Pettit, M. D.

(Address) 1213 Light St

F 18721

18721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-w

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., No Ward)

Length of residence in city or town where death occurred: ~~Life~~ Yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary Stem. (In Balto City Hosp. 11-28-33 to 12-19-35)

(a) Residence: No. 5072 Niagara Ave., Ocean Beach, Calif. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Harry L Stem

DATE OF BIRTH (month, day, year) March 4, 1863.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife - Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Liberty Maryland.

13. NAME Johns Stevens

14. BIRTHPLACE (city or town) (State or country) Charleston, Va.

15. MAIDEN NAME Catherine Whitmore

16. BIRTHPLACE (city or town) (State or country) Liberty Md.

INFORMANT Hospital Records.

(Address)

BURIAL, CREMATION, OR REMOVAL: Place Pipe Creek Cemetery New Windsor Md. Date Dec 21st 1935

UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933 to Dec 19, 1935

I last saw her alive on Dec. 19, 1935. Death is said to have occurred on the date stated above, at 12:45 a m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 6 days ago.

Other contributory causes of importance:

Cerebral Hemorrhage with left hemiplegia — 6 yrs ago.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

18722 F 18722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-D108

PLACE OF DEATH South Baltimore Gen Hosp

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 7th Ward)

gth of residence in city or town where death occurred 25 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME James Davis

(a) Residence: No. 927 Peach St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

If married, widowed, or divorced) HUSBAND of (or) WIFE of married

DATE OF BIRTH (month, day, year) 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME unknow

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknow

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jeremiah Palmer

(Address) 918 S Sharp Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 12/20/35

19. UNDERTAKER Walter E Brown & Son

(Address) 1701 W Baltimore St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17 1935

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1935 to December 17, 1935

I last saw him alive on December 17, 1935 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Cardiac Arteriosclerosis	
Lobar pneumonia	12/13

Other contributory causes of importance:

Aortic insufficiency

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Durfee M. D.

(Address) South Balto Hosp.

18723 F 18723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

IV

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Mercy Hospital St. 4th Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Paul T. Finkman

If U. S. Veteran specify WAR .....

(a) Residence: No. 418 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White Jewish	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 30, 1912

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 yrs.

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Nathan Finkman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Lillian Walder

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Nathan Walder

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date 12-20-35, 19

19. UNDERTAKER Jack Gus' Sons

(Address) 1439 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1935, to Dec 19, 1935.

I last saw him alive on Dec 19, 1935. Death is said to have occurred on the date stated above, at 5.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever.	11-20-35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Grafton Hershey M. D.

(Address) Mercy Hospital

F 18724

F 18724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Saratoga St., 4 Ward)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME J. Charles Eckel

(a) Residence: No. 401 Alleghany Ave. St., ... Ward. .....
(Usual place of abode) Towson, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXX

7. DATE OF BIRTH (month, day, year) June 20, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XXXXX

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William J. Eckel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Graham

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Clifton Eckel (Brother)
(Address) 401 Alleghany Ave.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Baltimore Cem. Date Dec. 20 1935

19. UNDERTAKER George J. Smith
(Address) 1900 Eutaw Place

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Orrin B. Wallace M. D.
Coroner

(Address) 1031 St. Paul St.

18725 F 18725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 134

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mrs. Juliet Robeson

(a) Residence: No. Cambridge Ann apts St., 17 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur M. Robeson (d)

DATE OF BIRTH (month, day, year) Feb. 13 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Sprigg Stockett

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Maria Duval

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Chas. S. Robeson

(Address) 414 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec. 20 1935

19. UNDERTAKER John B. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1935 to Dec. 15 1935

I last saw her alive on Dec. 15 1935 Death is said to have occurred on the date stated above, at 10:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrolithiasis	12-1-35
Pneumonia Embolism	12-10-35
Other contributory causes of importance: Cystitis, Cystitis, Lung abscess Arteriosclerosis	11-24-35

Was an operation performed? Yes Date of 11-17-35

For what disease or injury? Nephrolithiasis

Name of operation Nephrolithotomy, R. Date of 11-17-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard W. Lo M. D.

(Address) Union Memorial Hosp

F 18726

F 18726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lt. Ingels Hospital St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Enge Jr.

(a) Residence: No. 1502 N. Duncan St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 28, 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME Charles E. Enge Jr.

14. BIRTHPLACE (city or town) Balto.
(State or country)

15. MAIDEN NAME Verbonus

16. BIRTHPLACE (city or town) Balto.
(State or country)

17. INFORMANT Charles E. Enge Jr.
(Address) 1502 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date 12/20/ 1935

19. UNDERTAKER Howard V. Bight Jr
(Address) 418 N. Gay St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1935

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest, Autopsy, or Inquiry thereon and from the evidence obtained by Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza & Meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Mueller M. D.
Coroner

(Address) 1912 E. North Ave.

D. B 1268-9

18727 HEALTH DEPARTMENT—CITY OF BALTIMORE 18727

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Kentucky Ave St., 8 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Oswald E. Martin

(a) Residence: No. 2212 Kentucky Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Jennie L. Martin

DATE OF BIRTH (month, day, year) February 25 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Grocery Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward Martin

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Jane Beatty

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Jennie L. Martin
(Address) 2212 Kentucky Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Date Dec. 21 1930

19. UNDERTAKER Henry Hoeck Sons, Inc.
(Address) 304 E. Eager St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertension	

Other contributory causes of importance:
Cerebral Apoplexy

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Ahrenholz, M. D.
Coroner

(Address) 1412 E. North Ave

18728 ✓ F 18728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 N. Chester St. 6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME A. Margaret Kratz

If U. S. Veteran specify WAR. .....

(a) Residence: No. 201 N. Chester St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lieut John H. Kratz

6. DATE OF BIRTH (month, day, year) Feb 8/1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Andrew Mulzer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva Eckhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lieut John H. Kratz

(Address) 201 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem Date Dec. 21 19 35

19. UNDERTAKER Filbert Herring Sons

(Address) 2016 Eutaw St

20. FILED Dec 20 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 to Dec 18, 35

I last saw h[illegible] alive on Dec 13, 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	sudden

Other contributory causes of importance: Myocardial degeneration ? Arteriosclerosis ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edwin B. Jarrell M. D.

(Address) 1105 St. Paul St.

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

18729

CERTIFICATE OF DEATH

F 18729

94-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 McCulloh St., 14 Ward)

Length of residence in city, or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Irma Hope Blye

(a) Residence: No. 2015 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Blye

DATE OF BIRTH (month, day, year) April 14 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Mariano

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

15. MAIDEN NAME Fannie Asher

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Allen Simpson
(Address) 2015 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 12/21 1935

19. UNDERTAKER Samuel R. Sullivan Jr.
(Address) 632 N. Eutaw

20. FILED DEC 19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day, year) Dec 17 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Hann M. D.
Coroner

(Address) 215 Hanover

F 18730

D 1268-9

8730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. at Sibley Hospital 5 St. D.C. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Albert Spear Hitchcock

(a) Residence: No. 1867 Park Road N.W. Washington D.C. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ramia

DATE OF BIRTH (month, day, year) Sept 4 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Botanist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Agriculture U.S.

10. Date deceased last worked at this occupation (month and year) August 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashtabula Ohio

13. NAME John S. Hitchcock

14. BIRTHPLACE (city or town) (State or country) Vermont

15. MAIDEN NAME Alice Martin

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frank N. Hitchcock (Son)

(Address) 6412 8th St N.W. Washington

18. BURIAL, CREMATION, ~~OR REMOVAL~~

Place Washington Hly Date Dec. 20 1935

19. UNDERTAKER J. Wm. Lee & Son Inc.

(Address) 308-4th St. N.E. Washington

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance: Chronic myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) N. W. Wright, M. D. Coroner

(Address) 1010 S. Ellwood Ave.

18731 ✓ F 18731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-108

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Richard E. Sample.

(a) Residence: No. 417 N. Paine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Jason~~ Juanita

DATE OF BIRTH (month, day, year) Sept 3/16

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19 ~~35~~	3	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Maggie Holt.

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Dec. 20, 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 E. Schroeder St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Dec. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1935 to Dec 17, 1935

I last saw him alive on Dec 17, 1935. Death is said to have occurred on the date stated above, at 6 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days ago

Other contributory causes of importance: 0000

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Date of .....

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. A. De Santella M. D.

(Address) Baltimore City Hospitals

F 18732

18732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17 Ward)

If U. S. Veteran specify WAR .....

(Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ella Davis

(a) Residence: No. 547 Orchard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert.

DATE OF BIRTH (month, day, year) March 1879.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	56	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Matthew Yates

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Ella Scott.

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Easton, Md. Date Dec. 21, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Schroeder St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1935, to Dec 17, 1935

I last saw her alive on Dec 17, 1935 Death is said to have occurred on the date stated above, at 10 a.m. P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 10 days ago

Other contributory causes of importance:

Arteriosclerosis and Hypertension

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) H. A. De Saulles, M. D.

(Address) Baltimore City Hospitals

F 18733

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18733

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 W 33rd St. St., G Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME George E. Ewig

(a) Residence: No. 621 W 33rd St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella B. Ewig.

DATE OF BIRTH (month, day, year) July 16 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept. Fireman.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) W. Va.

12. NAME Adolph Ewig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eliza J. Urbach.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Ella B. Ewig.
(Address) 621 W 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
London Park Date Dec 21, 1935

19. UNDERTAKER Chenoweth Son.
(Address) 3615-17 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

DEC 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct ..... 1935 to Dec 18 1935
I last saw h... alive on Dec 13, 1935 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular disease	2 yrs.
Myocardial insufficiency	

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. H. Ormsby M. D.

(Address) 3429 Chestnut Ave

Frank Vesely ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18734

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE (No. 115 N. Port St., 6 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? 51 yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Frank Vesely

(a) Residence No. 115 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Mary Kakacek

DATE OF BIRTH (month, day, year) Nov. 16, 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	54	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Carston Vesely

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Mary Vesely

(Address) 115 N. Port St

BURIAL, CREMATION, OR REMOVAL

Place Dr. Ly Redeemer Date Dec. 21, 1935

UNDERTAKER Frank Grach & Son

(Address) 906 Collendar

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1935 to Dec. 18, 1935

last saw alive on Dec. 18, 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Disease (Arteriosclerosis) — Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Louis Krause M. D.

(Address) Medart Bldg

8735 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18735

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore City Hosp. St. 15 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary Morton

(a) Residence: No. 1723 N. Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of George W.

DATE OF BIRTH (month, day, year) March 15 1885

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	50	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Dec 21 1935
Place Mt Auburn

19. UNDERTAKER George H. Kelson
(Address) 1302 Presstman St

20. FILED DEC 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1935 to Dec 18 1935.

I last saw her alive on Dec 18 1935. Death is said to have occurred on the date stated above, at 1:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	2 days ago
Uremia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

8736

F 18736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 4506 Hamperell St., 27 Ward)

gth of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Carrie Ella Baker

(a) Residence: No. 4506 Hamperell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Sept. 10, 1876

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

12. NAME Louis H. Taylor

13. BIRTHPLACE (city or town) (State or country) Balto Md.

14. MAIDEN NAME Mary J Monmonier

15. BIRTHPLACE (city or town) (State or country) Balto Md.

16. INFORMANT Mrs Hueen O Moller

(Address) 3007 Fremont Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Dec 21 . 1935

18. UNDERTAKER Wm J Tyson & Sons

(Address) North & Penna. Aves.

19. FILED Dec 20 1935 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 . 1935 to Dec 18 . 1935

I last saw her alive on Dec 18 . 1935 Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas.	3mo
Diabetes mellitus.	3mo
Acute Nephritis	3mo

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo F a Strine, M. D.

(Address) 2078 Harford Rd

F 18737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Aged Women's Home

CITY OF BALTIMORE: (No. 1400 W Lexington St., 19 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Milton Warfield Lucy

(a) Residence: No. 1400 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 12 1853

AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ... min.
	82	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Lucy

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mary E Foresta

(Address) 1700 W Lexington

BURIAL, CREMATION, OR REMOVAL

Place Loraine Date Dec 24, 1935

UNDERTAKER F. Vernon Keener

(Address) 230 E Edmondson Ave

FILED Dec 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 31 1935 to Dec 20 1935

I last saw him alive on Dec. 19, 1935. Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	? yr.

Other contributory causes of importance:

Hypertrophy of Heart	2 yr.
Arteriosclerosis	2 yr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin B Jarrell M. D.

(Address) 11 W St Paul St, City

F 18738 ✓ F 18738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 805 S. Eaton St., 16 Ward)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... no .....

FULL NAME Andrew C. Poetzel

(a) Residence: No. 805 S. Eaton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna F. Poetzel

DATE OF BIRTH (month, day, year) Jan. 29-1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	11	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tank Wagon Salesman Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sherwood Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Poetzel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Antonia Fischer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Anna F. Poetzel

(Address) 805 S. Eaton St.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date Dec. 21, 1935

UNDERTAKER George W. Gibbler

(Address) 1737 E. Eager St.

FILED ..... 19 ..... By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 19 35 to Dec 18 19 35

I last saw h... alive on Dec 18 19 35 Death is said to have occurred on the date stated above, at 10.30 p. m.

The principal cause of death and related causes of importance were as follows:

Uremia Date of onset

Arteriosclerosis 5 yrs.

Nephritis

Other contributory causes of importance:

acute Cardiac Dilatation 10 d

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. Wood Brune M. D.

(Address) 806 N. Eutaw St.

18739 ✓ F 18739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE (No. 320 S. Macon St., 7b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Carolina C. Liddle

(a) Residence: No 320 S. Macon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred E. Liddle

DATE OF BIRTH (month, day, year) Mch. 30-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Zimmerman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christena Scott

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alfred E. Liddle

(Address) 320 S. Macon St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Dec 23 1935

19. UNDERTAKER George W. Dubler

(Address) 113 E. Eager St.

20. FILED Dec 20 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1935, to Dec 18, 1935

I last saw her alive on Dec 18, 1935. Death is said to have occurred on the date stated above, at 9 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Dec 15	1935
Myocarditis	1935
Arteriosclerosis	1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abram J. Blackmore M. D.

(Address) 3507 Gaul ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Hope St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

FULL NAME John Henry O'Brien — If U. S. Veteran specify WAR

(a) Residence: No. 1930 Hope St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal.	W	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine (Krupf)

DATE OF BIRTH (month, day, year) Oct 28 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	1	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Product Broker
8. Date deceased last worked at this occupation (month, day, year) 1932
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md
10. NAME John O'Brien
11. BIRTHPLACE (city or town) (State or country) Ireland
12. MAIDEN NAME Unknown
13. BIRTHPLACE (city or town) (State or country) Unknown

14. INFORMANT Herbert Hyman
(Address) 1930 Hope St

15. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem Date 12/21/35, 19

16. UNDERTAKER George J. Roche & Son
(Address) 535 N. Gay St

17. FILED DEC 19 1935, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 19 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 35, 19 ... to DEC 19 1935, 19 ... I last saw h. alive on Dec 16 35, 19 ... Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr
Other contributory causes of importance: Cardiac Asthenia & Uremia	30 dys

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Edward J. Cook M.D.

(Address) 413 N. Washington

B. 1208-9

F 18741

741 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1203 Riverside Ave. St., 24 Ward)

gth of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos ds.

FULL NAME William H. Stoffel

(a) Residence: No. 1203 Riverside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna A. Stoffel

DATE OF BIRTH (month, day, year) Apr. 24 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Frederick Stoffel

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Eckhardt

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Anna A Stoffel
(Address) 1203 Riverside Ave

17. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/23 19 35

18. UNDERTAKER J. Fred McCully
(Address) 130 E. Fort Ave

19. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to Dec. 19 1935

I last saw h[illegible] alive on Dec. 19 1935 Death is said to have occurred on the date stated above, at 2:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (Approx.)
Arteriosclerosis -	
Myocarditis -	1928
Acute Cardiac Dilatation	1935
Chronic interstitial Nephritis	1928

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Kofer M. D.

(Address) 102 E. Fort Ave.

18742 F 18742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2336 Garrett Ave. 9 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Adam L. Price

(a) Residence: No. 2336 Garrett Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Carrie Price

DATE OF BIRTH (month, day, year) Feb. 9-1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11 10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James H. Price

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Matilda Lewis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Carrie Price

(Address) 2336 Garrett Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Southern Memorial Park Date Dec. 21 1935

19. UNDERTAKER C. Meyler & Son

(Address) 2324 Jefferson St.

1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1935 to Dec 18 1935

I last saw him alive on 12/18 1935. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	over

Other contributory causes of importance:

Cardiac failure

Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If

(Signature) M. D.

(Address) 1123 St Paul St

F 18743 F 18743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 79-a

Registered No. .....

PLACE OF DEATH

TY OF BALTIMORE: (No. Sydenham Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME ANDREW ZAGARADNI

(a) Residence: No. Limestone Farm Marriettsville Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Unknown

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tenant Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known - thought to be Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 20 . 1935

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar.

DEC 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1935 to Dec 15 . 1935

I last saw him alive on Dec 15 . 1935 Death is said to have occurred on the date stated above, at 5 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus meningitis	12-8-35
Other contributory causes of importance:	
	0040

Was an operation performed? Yes Date of 12-12-35

For what disease or injury? Suspected mastoiditis

Name of operation Mastoidectomy Date of 12-12-35

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Louis F. Schmeisser . M. D.

(Address) Sydenham Hospital

1050

F 18744

744 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Mercy Hospital St., 16 Ward)

th of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary Ella Roberts

(a) Residence: No. 1107 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Roberts

1878

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Oct. 1935

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME William York Pa.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary O'Hara

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Dec 23, 1935

UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/35

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1935, to Dec. 19, 1935

I last saw h.e.r alive on Dec. 19, 1935. Death is said to have occurred on the date stated above, at 7.55 Am.

The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia
Diaphragmatic Hernia?

Date of onset Dec. 16, '35

Other contributory causes of importance:

Pyonephrosis; cholecystitis
Carcinoma of uterus

Was an operation performed? yes Date of Nov 26, 1935

For what disease or injury? Diaphragmatic Hernia

Name of operation Laparotomy Date of Nov. 26

What test confirmed diagnosis? Laparotomy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) M. A. Zurawski, M. D.

(Address) .....

E 18745

8745 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St., 11 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Baby Girl Taylor

(a) Residence: No. Oakland Mills, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/15/35

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Basil Taylor

14. BIRTHPLACE (city or town) Stanley
(State or country) Virginia

15. MAIDEN NAME Nannie Stewart

16. BIRTHPLACE (city or town) Martinsburg
(State or country) West Virginia

17. INFORMANT Basil Taylor
(Address) Oakland Mills

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 20, 1935

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1935, to December 15, 1935
I last saw her alive on December 15, 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12/14
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. L. Tyng, M. D.
(Address) University Hosp.

F 18746

746 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Eulburn Ave. 27 Ward)

Length of residence in city or town, where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Christiana Burgee

(a) Residence: No. 2706 Eulburn Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced HUSBAND of (or) WIFE of Thomas O. Burgee

DATE OF BIRTH (month, day, year) Nov. 14 - 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

13. NAME Wilkerson Brashears

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Jane Clark

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Laura E. Bull

(Address) 2706 Eulburn Ave.

18. BURIAL, CREMATION, OR REMOVAL Ivy Hill, Laurel, Md. Dec. 21, 1935

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

20. FILED Dec 20 1935, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1935, to Dec 19, 1935

I last saw her alive on Dec 18 1935 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteris-Sclerosis and Chronic nephritis	5 yrs ago

Other contributory causes of importance:

Was an operation performed? Yes Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Horace Burgee, M. D.

(Address) 846 W 36 St

F. 1268-9

F 18747

47

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. German Aged Home St., 20 Ward)

gth of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Anna Katharine Klein

(a) Residence: No. German Aged Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...ale	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Seibert P. Klein

DATE OF BIRTH (month, day, year) Unknown 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of German Aged Home

(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec. 21, 1935

19. UNDERTAKER Joseph H. Cook

(Address) 1007 W. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1935 to Dec. 19, 1935

I last saw her alive on Dec. 19, 1935 Death is said to have occurred on the date stated above, at ? P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr. Ago
Other contributory causes of importance: Cerebral Hemorrhage	8 day Ago

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. Benj. J. McCleary — M. D.

(Address) 400 N. Payson St.

F 18748

B. 1268-9

748 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2801 Harlem Ave. St., 16 Ward)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

FULL NAME Catharina Whitney

(a) Residence: No. 2801 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Richard H. Whitney

DATE OF BIRTH (month, day, year) August 17, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year) December [illegible] 1935

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Martin Hebner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. R. Clayton Morton

(Address) 440E Hooper Ave., Ridgewood

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Dec. 22 19 35

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19 19 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 19 35 to Dec 19 19 35

I last saw her alive on Dec 18 19 35 Death is said to have occurred on the date stated above, at 5.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 days
Other contributory causes of importance: Diabetes Mellitus	1930

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Herbert F. Policeman M. D.

(Address) 6 E. Biddle St.

F 18749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 2-5 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Richard Alexander McClain

(a) Residence: No. 2100 Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 8-11-1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.
13. NAME OF FATHER Patrick McClain
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME OF MOTHER Mary Ann Nolan
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date 12-21 1935
19. UNDERTAKER Margaret G. Flynn
(Address) 2107 N. Hilton St.
20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1934 to 12-19 1935.
I last saw him alive on 12-19 1935 Death is said to have occurred on the date stated above, at 6:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
(Cause undetermined	12-19-35
Other contributory causes of importance:	

Was an operation performed? Yes Date Oct 19 35
For what disease or injury Chronic Ophthalmitis
Name of operation Enucleation Rt Eye Date of Oct 1935
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank Leiland Jr. M. D.
(Address) Balto. City Hospitals

D. B 1268-9

F 18750

8750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M.

1. PLACE OF DEATH: University Hospital (D.A) 4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR DR.

2. FULL NAME: William Percy Fox

(a) Residence: Fabius Hill, Garrison Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha M Fox

7. DATE OF BIRTH (month, day, year) Oct 26-1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51-	1-	23	

8. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Co. Md

13. NAME OF FATHER: George W. Fox

14. BIRTHPLACE (City or town) (State or country) Edgewood Harf Md

15. MAIDEN NAME OF MOTHER: Elizabeth Dentz

16. BIRTHPLACE (City or town) (State or country) Carroll Co Md

17. INFORMANT: Mary C Ihler

(Address) 12 Hamilton Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place St Thomas. Date 12/22 1935

19. UNDERTAKER: Frank H. Neuzel Inc.

(Address) Catonsville Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fract. skull	
Fract. R femur	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 12/19 1935

Where did injury occur? Garrison Md - on Reisterstown Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Struck by auto truck while crossing Reisterstown Rd

Nature .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hulbert Bayley (Auto) M. D.

Coroner

(Address)

B 1269-9

F 18751

3751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 110

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thos Ryan

U S Veteran

specify WAR

(a) Residence: No. 109 Aiquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

If married, widowed, or divorced: HUSBAND of (or) WIFE of "

DATE OF BIRTH (month, day, year) Jan 5 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Michael Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Ann Barrett

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Binghampton Date Dec 20 1935

Place

19. UNDERTAKER Capp & Miller

(Address) 2435 E. Oliver St

20. FILED Dec 20 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Spontaneous Pneumothorax	
Other contributory causes of importance: Probably Bronchial carcinoma	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 1010 S. Eutaw St

F 18752

B 1265-9

8752 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

PLACE OF DEATH
CITY OF BALTIMORE: (No. Harbor Front of Broadway St., 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Birth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

FULL NAME Iver O. Kas (TENO OKS)

(a) Residence: No. The Anchorage Hotel, Broadway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 16 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ships' carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Ship
10. Date deceased last worked at this occupation (month and year) Nov 1935
11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Estonia

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) " "
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) " "
17. INFORMANT The Anchorage Hotel
(Address)
18. BURIAL, CREMATION, OR REMOVAL St. Paul's 5th Ref. Ch. Cem. Date Dec. 21, 1935
Place
19. UNDERTAKER HENRY SANDER & SONS. INC. Per J. Sander
(Address) Baltimore & Broadway.
20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury Dec 16 1935
Where did injury occur? Baltimore Md (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Harbor front of Broadway
Manner of injury Fell overboard
Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. M. Wright M. D.
Coroner
(Address) 1005 E. Eager

F 18753

753 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 719 Eator Ave, St., 9 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Lillie M. Conyers

If U. S. Veteran specify WAR .....

(a) Residence: No. 719 Eator ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Feb 10-1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1868

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Walter B Conyers

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Henrietta Miller

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Jenny R. Davis

(Address) 1340 Sycamore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 24 1935

19. UNDERTAKER John A. Gilpin

(Address) 2000 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12 1929 to December 19 1935

I last saw h alive on Dec 19 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Int Nephritis	1929
Ch Myocarditis	1929
Cystitis	
Other contributory causes of importance:	
Pneumonia	1935

Was an operation performed? N Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N If so, specify .....

(Signed) D. W. Bristol M. D.

(Address) 521 Edmondson Ave.

✓ F 18754

18754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 2640 Wilkens Ave St. 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Pauline Schlenz

(a) Residence: No. 2640 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John Schlenz

DATE OF BIRTH (month, day, year) June 1 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Gottlieb Girkler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Richley Knott

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lillian Jordan

(Address) 2640 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 23 1935

19. UNDERTAKER John F Denny

(Address) 715 Light St

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to 19 Dec 1935

I last saw her alive on 19 Dec 1935. Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Carcinoma?) Abscess Caecum	6-30-1935
Arteriosclerosis	before 1934
Other contributory causes of importance: Cerebral Thrombosis	Aug 1935

Was an operation performed? Yes Date of 7-30-1935

For what disease or injury? Peritonitis & Carcinoma ? Caecum ?

Name of operation Exploratory Opening etc Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H Vance Hooper M. D.

(Address) 2565 Fredericksburg

D. B. 1268-9

F 18755

HEALTH DEPARTMENT—CITY OF BALTIMORE

18755

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 E Fortan St., 24 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Lanahan.

(a) Residence: No. 1508 E. Fortan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bridget Lanahan.

DATE OF BIRTH (month, day, year) Nov. 12 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Michael Lanahan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anne Norton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Lanahan

(Address) 1508 E Fortan

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Dec 23, 1935

19. UNDERTAKER Margaret J. Flynn

(Address) 2107 N. Fulton Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1935, to Dec 20, 1935

I last saw h.. alive on Dec 20 1935 Death is said to have occurred on the date stated above, at 9 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation	7 Day
Cerebral Hemorrhage	7 Day
Mitral Regurgitation Decompensated	7 Day

Other contributory causes of importance: Chronic Interstitial Nephritis 7 Day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos. F. A Strong M. D.

(Address) 2828 Sturgeon Ave

D. B. 1298-9

18756 HEALTH DEPARTMENT—CITY OF BALTIMORE 18756

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 4105 Hayward Ave St. 24 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Irene Enson

(a) Residence: No. 4105 Hayward Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of William Enson.

6. DATE OF BIRTH (month, day, year) Oct. 1 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	19.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Tamaqua Pennsylvania.

13. NAME Daniel Flexer

14. BIRTHPLACE (city or town) (State or country) Schuylkill Co. Pa.

15. MAIDEN NAME Catharine Hunsinger

16. BIRTHPLACE (city or town) (State or country) Schuylkill Co; Pa

17. INFORMANT Irene C. Wilkes

(Address) 5323 Wesley Ave.

18. BURIAL, CREMATION, OR REMOVAL DEC 23 1935

Place Forest Lawn Cem Date

19. UNDERTAKER E E W Little

(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 10 - , 1932 to December 20, 1935.

I last saw her alive on 12 - 16 - , 1935 Death is said to have occurred on the date stated above, at 1:07 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute dilatation of heart	a year
	minutes

Other contributory causes of importance:

Organic heart disease.	continuous
Chronic interstitial Nephritis	"
Hypertension	"

Name of operation none Date of

What test confirmed diagnosis? S. S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

F 18757

3757 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34-B-

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St., 12 Ward)

gth of residence in city or town where death occurred yrs. 1 mos. 12 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Willie Williams

(a) Residence: No. 616 Canal St., Durham, N.C. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	colored	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 18, 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mess. Attdt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 11—[illegible]—35

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Durham
(State or country) N. C.

13. NAME George Williams

14. BIRTHPLACE (city or town) Hayford,
(State or country) N. C.

15. MAIDEN NAME Mary Kellock

16. BIRTHPLACE (city or town) Marshville
(State or country) N.C.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 12-21-35

19. UNDERTAKER Kendall & Humphreys
(Address) 1701 N. Broadway

[illegible] Registrar

DEC 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1935, to December 16, 1935

I last saw him alive on December 16, 1935. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary, cardiovascular	Within 5 yrs
Aneurysm, left ventricle, intracardiac	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autops. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T. M. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto., Md.

8758

✓ F 18758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 Windsor Ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 1/2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth, 28 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Erin Christina Nelson

(a) Residence: No. 223 Windsor Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
F	W.	Widow.

If married, widowed, or divorced HUSBAND of (or) WIFE of Carl G. Nelson.

6. DATE OF BIRTH (month, day, year) July 18-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Nov 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Halmstad Sweden

13. NAME Nelson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Mickelsson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. C. Nelson

(Address) 223 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemt Dec 23 - 1935

19. UNDERTAKER Parlham & Love

(Address) 2224 N. Charles St.

DEC 23 1935 19 ..... Registrar.

KILLED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1935, to Dec 20 1935

I last saw her alive on Dec 19 1935. Death is said to have occurred on the date stated above, at 11 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (right -	Dec 6-35
Other contributory causes of importance: Arteriosclerosis	1930

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard F. Warner M. D.

(Address) 2604 Garrison Blvd

B. B. 1268-9

759

F 18759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1928 Harlem Ave St., 16 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Elizabeth Eggleston

(a) Residence: No. 1928 Harlem Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F.	W.	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Robert N. Eggleston

6. DATE OF BIRTH (month, day, year) Oct 3 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodstock Va

13. NAME of Father Jesse A Linedinst

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME of Mother Sarah A Bebb

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lesley Kipker
(Address) 1928 Harlem Ave

18. BURIAL, CREMATION OR REMOVAL

Place Woodlawn Date Dec 22nd 1935

19. UNDERTAKER Parkhurst & Lee
(Address) 2324 N Eutaw St

20. FILED 1935 Dec 21 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935 to Dec 20 1935

I last saw her alive on Dec 20 1935 Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance: Arteriosclerosis.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard A Lueck M.D.

(Address) 2329 Vernon Ave

✓ F 18760

8760 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1839 Orleans St., 6 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louisa YorKnaw If U. S. Veteran specify WAR

(a) Residence: No. 1838 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac YorKnaw

DATE OF BIRTH (month, day, year) 2-8-75

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER John Stewart

14. BIRTHPLACE (city or town) (State or country) unKnown

15. MAIDEN NAME OF MOTHER unKnown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Elzina Ball

(Address) 1822 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 12/23/35

19. UNDERTAKER Edgar M. Erickson & Edgar M. Erickson II

(Address) 45 75 Mc Elderry St

FILED 12/21/1935 19 Pedestrian.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/24, 1934 to 12-19, 1935

I last saw her alive on 12-18, 1935 Death is said to have occurred on the date stated above, at 4:30 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	?
chr. myocarditis	?
Arterio-sclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene Emerson M.D.

(Address) 1500 E. Madison St

F. 1268-9

F 18761

3761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Bon Secours Hospital

TY OF BALTIMORE (No. ..... St., 19 ; Ward)

gth of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr. Francis Day

(a) Residence: No. 1730 W. Fayette St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 10 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegrapher Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (City or town) (State or country) Maryland

13. NAME Terry Day

14. BIRTHPLACE (City or town) (State or country) Maryland

15. MAIDEN NAME Maria Shipley

16. BIRTHPLACE (City or town) (State or country) Maryland

17. INFORMANT Henry Day

(Address) 1730 W Fayette

18. BURIAL, CREMATION, OR REMOVAL Date 12/23 19 35

Loudon Park.

19. UNDERTAKER Eugene A Feeley

(Address) Feeley & Forsythe

FILED DEC 23 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1935, to December 20, 1935.

I last saw him alive on December 19, 1935. Death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Cardiac Dilatation	
Arteria sclerotic Cardio Renal Vascular disease	
2) Generalized Anasarca - Chronic Passive congestion	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. C. MacLaughlin M. D.

(Address)

F 1876-9

✓ F 1876?

762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

CITY OF BALTIMORE: (No. Presidents Hospital 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Willard Talbott

World War

(a) Residence: No. 1409 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed or divorced, HUSBAND of (or) WIFE of: Annie Talbott

6. DATE OF BIRTH (month, day, year): Oct 23, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Taxi

10. Date deceased last worked at this occupation (month and year): Dec 35

11. Total time (years) spent in this occupation: 15 yrs

12. BIRTHPLACE (city or town) (State or country): Texas

13. NAME of Father: [illegible]

14. BIRTHPLACE (city or town) (State or country): —

15. MAIDEN NAME of Mother: [illegible]

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Annie Talbott

(Address) 1409 Orleans

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 21 1935

19. UNDERTAKER: Robert J. Williams

(Address) 515 McElderry St

20. FILED Dec 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1935 to Dec 18 1935

I last saw him alive on Dec 16, 1935 Death is said to have occurred on the date stated above, at 4.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis (uremia)	uremia
Other contributory causes of importance:	

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Kaminer M. D.

(Address) 1307 N Caroline

F 18763

D. B 1268-9

18763 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 West Saratoga St., 19th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion E. Muir (Muir) If U. S. Veteran specify WAR None

(a) Residence: No. 1838 West Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Muir

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework—

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME George R. London.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sallie Reeves.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Hazel Muir

(Address) 2716 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery. Date Dec 21- 1935

19. UNDERTAKER Charles J. Schwab.

(Address) 5057 Monroe St.

20. FILED 19 Registrar

21: 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above, 8 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	Sudden

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? Date of

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos H Ruddle M. D.
Coroner

(Address) 1939 Edmondson Ave

B 1268-9

F 18764

964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1813

PLACE OF DEATH

TY OF BALTIMORE: (No. 1 and 3 North Caroline & Lancaster Sts. 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 37 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Mary Mazon (nee Bednorczyk

If U. S. Veteran specify WAR .....

(a) Residence: No. 830 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

DATE OF BIRTH (month, day, year) April 1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packing house to 1930

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ostrochowa Russia-Poland

13. NAME Stefan Zegota

14. BIRTHPLACE (city or town) (State or country) Russ Poland.

15. MAIDEN NAME Katherine Sidlek

16. BIRTHPLACE (city or town) (State or country) Russ Poland.

17. INFORMANT Josefine Kuphorczyk

(Address) 858 W Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 23, 1935

19. UNDERTAKER George R. Weber

(Address) 701 E. Lanvale St.

No. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1935

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
drowning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Probably Accident Date of injury Dec. 7, 1935

Where did injury occur? Balt Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Balt. Harbor

Manner of injury Probably fell overboard

Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright M. D.

Coroner

(Address) 1010 S. Edward Ave

F 18765

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18765

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Nellie McCardelle.

(a) Residence: No. 1525 John St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred.

DATE OF BIRTH (month, day, year) Feb. 15, 1880.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	10	7 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania.

13. NAME John Shaffer

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

15. MAIDEN NAME Sally Hanna

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mercersburg, Pa. Date Dec. 21, 1935

19. UNDERTAKER F. Martin Zinnger
(Address) Mercersburg, Pa.

FILED DEC 22 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1935, to Dec. 21, 1935.

I last saw her alive on Dec 21, 1935. Death is said to have occurred on the date stated above, at 10 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and hypertension	[illegible]
Cerebral Hemorrhage	10 days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. McCardelle M. D.

(Address) Baltimore City Hospitals.

F 18766

F 18766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 126

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. University Hospital St., ... Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. 11 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Mrs. Julia Andrews

If U. S. Veteran specify WAR .....

(a) Residence: No. Reisterstown, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Separated

If married, widowed, or divorced, HUSBAND of (or) WIFE of Mr. Andrews

DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1037

10. Date deceased last worked at this occupation (month and year) Oct. 1935

14. Total time (years) spent in this occupation 40

11. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Pobletts

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Eliz. Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. John Pobletts
(Address) Reisterstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date Dec. 27, 1935

19. UNDERTAKER Berryman & Sons
(Address) Reisterstown Md.

20. FILED Dec 27 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1935 to Dec. 21, 1935

I last saw her alive on Dec. 21st, 1935. Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	1932
Chronic nephritis	
Other contributory causes of importance: acute heart failure, auto	Dec. 21, 1935
Pulmonary edema	11

Was an operation performed? Yes Date of Nov. 22, 1935.

For what disease or injury? Gallstones

Name of operation Cholecystotomy Date of Nov. 22

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Hansen Goldschein M. D.

(Address) Univ. Hospital.

18767

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18767

CERTIFICATE OF DEATH

49-B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mrs. Hattie Griffith

If U. S. Veteran specify WAR

(a) Residence: No. Chesapeake Beach, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Carl Griffith

DATE OF BIRTH (month, day, year) Aug. 1, 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35 years	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Singleton

14. BIRTHPLACE (city or town) (State or country) West Va.

15. MAIDEN NAME Elizabeth Land

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT Husband
(Address) Chesapeake Beach Md

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Md Date Dec 27 19 35

19. UNDERTAKER C. E. Hopkins
(Address) Annapolis Md

Filed DEC 28 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1935 to Dec. 21, 1935

I last saw h.. alive on Dec. 21, 1935 Death is said to have occurred on the date stated above, at 7 45 P. m.

The principal cause of death and related causes of importance were as follows:

Recto-abdominal + Recto-vaginal Fistulae
Cachexia + Anaemia

Date of onset

Other contributory causes of importance:

Malignancy

Was an operation performed? Yes Date of Dec. 20, 1935

For what disease or injury? Fistulae

Name of operation Closure of fistulae Date of

What test confirmed diagnosis Microscopic tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton S. Bailey, M. D.

(Address) Mercy Hospital

F 18768

F 18768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH: St Joseph's Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 210 W) St. 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If a Veteran specify WAR .....

2. FULL NAME Robert B Phillips

(a) Residence: No. 1800 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dont know

7. DATE OF BIRTH (month, day, year) 2/8/1872

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist B.O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year) 5/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smyrna Delaware

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) same

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) same

17. INFORMANT Anna L Fowler

(Address) 1800 Barclay St

18. BURIAL, CREMATION, OR REMOVAL Place Smyrna Date 12/23 1935

19. UNDERTAKER Joseph F Koch

(Address) 5305 Harford Rd.

20. DATE 1935 (Signed) ..... Registrar

(over)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	12/20/35
fracture of both legs	"

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/20 1935

Where did injury occur? Corner of Bush & Boston
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by automobile

Nature of injury While Crossing Street

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert F Gurley Jr M. D. Coroner

(Address) 907 N. Calvert

8769

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 18769

82-a

PLACE OF DEATH

County Baltimore Co. Registration Dist. No.

Village or City Baltimore No. 13 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Kate Roberts Kemsfield

(a) Residence: No. Tudor Gardens St., Ward. Treasury Pl., Wyman Park

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. MARRIED, WIDOWED, DIVORCED (write the word)
F.	W.	Widowed

(or) WIFE of Rev. David Lee Kemsfield

6. DATE OF BIRTH (month, day and year) Oct. 16, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	6	5

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Centreville

(State or country) Maryland

13. NAME Rev. John Roberts

14. BIRTHPLACE (city or town) not known

(State or country)

15. MAIDEN NAME Maria Mathews

16. BIRTHPLACE (city or town) Elkwood

(State or country) Howard Co., Maryland

INFORMANT Kent Roberts Kemsfield

(Address) Balto., Md.

BURIAL, CREMATION, OR REMOVAL

Place Chester Cemetery Date 12/24/1935

UNDERTAKER Ralph H. Guillon

(Address) Chestertown, Md.

FILED 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 Midnight Dec. 21 (Month) (Day) 1935. (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1933 to 12-21, 1935

I last saw h. ALIVE on 12-21, 1935; death is said to have occurred on the date stated above, at MIDNIGHT

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

CEREBRAL HEMORRHAGE — Date of onset 12-21-35

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) John L. Young M. D.

(Address) 1129 St. Paul St. Baltimore

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

18770

HEALTH DEPARTMENT—CITY OF BALTIMORE

18770

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. 6 St., Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Louise Kraft

If U. S. Veteran specify WAR ...

(a) Residence: No. 105 N. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W. Wh.	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 10, 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Kraft

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anna Dombrosky

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother

(Address) 105 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 22, 1935

19. UNDERTAKER Tilley & Feiler Inc

(Address) 108 S. Wolfe St.

20. FILED ... 19... Registrar.

DEC 22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935 to Dec. 21, 1935

I last saw he alive on Dec 21, 1935. Death is said to have occurred on the date stated above, at 6:54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria - nasal pharyngeal	
Tonsillar, laryngeal	Dec 13

Other contributory causes of importance:

Was an operation performed? Tracheotomy Date of Dec 20

For what disease or injury? Laryngeal Diphtheria

Name of operation Tracheotomy Date of Dec 21

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm C. Lipfer Jr. M. D.

(Address) Lyndenham Hospital

8771 HEALTH DEPARTMENT—CITY OF BALTIMORE 18771

CERTIFICATE OF DEATH

82-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 819 N. Eutaw St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Laura E. Brown

(a) Residence: No. 819 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Andrew D. Brown

DATE OF BIRTH (month, day, year) Dec 25 [illegible]

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Taylor

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Frances Thompson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E. Williams (Address) 16 E. Biddle

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cem. Date 12-22- 1939

19. UNDERTAKER Jos. W. H. Holland (Address) 1207 Druid Hill Ave

20. FILED ... 19... Registrar

DEC 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1939, 19... to Dec 20 1939, 19... I last saw her alive on Dec 19 1939 Death is said to have occurred on the date stated above, at 11:35 PM

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage — 12 11 39

Chronic Nephritis — 12 11 39

Coronary Sclerosis — 12 11 39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Ellis, M. D.

(Address) 712 Mass. Ave

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

18772

CERTIFICATE OF DEATH

F 18772

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Druid Hill Ave 13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha E. Hicks

(a) Residence: No. 2510 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hicks

DATE OF BIRTH (month, day, year) Jan 22, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Cyprilla Buchanan

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Martin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret Chapman

(Address) 2510 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12-23- 1935

19. UNDERTAKER Jno. H. H. Holland

(Address) 1131 Druid Hill Ave

20. FILED DEC 22 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1935 to Dec 19, 1935

I last saw her alive on Dec 19, 1935. Death is said to have occurred on the date stated above, at 1.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 17 1935

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Pelletreau M. D.

(Address) 817 Hamilton Ter

D. B 1268-9

8773

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18773

CERTIFICATE OF DEATH

✓ 210-M

Registered No.

1. PLACE OF DEATH City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Luke Smith

(a) Residence: No. 1436 Madison Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jessie Smith

7. DATE OF BIRTH (month, day, year): April 1890

8. AGE — Years: 45 — Months: ? — Days: ? — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Rich. N.C

13. NAME: Dk

14. BIRTHPLACE (city or town) (State or country): c

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (city or town) (State or country): c

17. INFORMANT: Jessie Smith (Address) 1436 Madison

18. BURIAL, CREMATION, OR REMOVAL: Place W Cohen Date 12 23 1935

19. UNDERTAKER: Dyra Bros & Co (Address) 1601 Druid Hill Ave

20. FILED: DEC 2 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/20 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Fracture of Skull	12/9/35
Fracture Pelvis & Ulna	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? ABC Date of injury 12/9 1935

Where did injury occur? Side Rd 1 mile from Edgeley (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Operated by Collapsar Uptown Truck & Nature of injury Another Passenger Car

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Bagley Coroner M. D.

(Address)

8774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 F 18774

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital - Balt St., 15 W. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Arthur A. Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 2811 Ulman Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Esther Harris

DATE OF BIRTH (month, day, year) .....

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER'S MAIDEN NAME

13. NAME Mat Harbin

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Pikesville Stofsom Cem Date 12/22/35

19. UNDERTAKER Jenkins Funeral Home

(Address) 1433 E. Baltimore St.

20. FILED ..... 19..... Registrar

DEC 22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/35 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1935, to Dec. 20, 1935

I last saw him alive on Dec. 20, 1935. Death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion (?)	12-20-35
Pulmonary Embolism (?)	12-20-35

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-10-35

For what disease or injury? Appendiceal Abscess

Name of operation Appendectomy & drainage Date of 12-10-35

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gilbert Mellman, M. D.

(Address) Sinai Hospital

Keiles

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 18775

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? 39 yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Sophie Keiles

(a) Residence: No. 1210 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care taker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Children 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Eugene Stalberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fanny Scheveles

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Chesed Shalom Date 12/22 1935

19. UNDERTAKER Jos. Sinai Levi & Son

(Address) 1439 E. Baltimore St

FILED DEC 22 1935 No. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1935, to Dec. 20, 1935.

I last saw her alive on Dec. 20, 1935. Death is said to have occurred on the date stated above, at 6:45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Type IV), Lobar	12-12-35
Pneumococcal Septicemia	12-14-35
Other contributory causes of importance: Cardiac failure	12-14-35

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard Ludwig, M. D.

(Address) Sinai Hospital

8776 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18776

94-D

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR none

FULL NAME George Fortenbaugh.

(a) Residence: No. 616 N Fenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Dec. 3 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62		17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary Phillips

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Dec 23, 1935

19. UNDERTAKER John Ulrich & Sons
(Address)

DEC 22 1935

(Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1935, to Dec 20, 1935

I last saw him alive on Dec 20, 1935. Death is said to have occurred on the date stated above, at 4:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary occlusion	8 days

Other contributory causes of importance:

Cystitis and bladder stone	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. de Sauble M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18777264 18777 110 No. 18777

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 3 Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Casimer Patocki

(a) Residence: No. 1520 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 3-1-06

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Stanislaus Patocki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Veronica Dekosski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec. 24 1935

19. UNDERTAKER Fred W. Ozazewski
(Address) 1936 Eastern Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec - 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1935 to Dec 20 1935

I last saw him alive on Dec 20 1935 Death is said to have occurred on the date stated above, at 8 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-acute Bacterial Endocarditis	
due to Staphylococcus viridans	Aug. 1935
Other contributory causes of importance:	
Pleurisy & pneumonia	4 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Bacteriol Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph T. Sadusky Jr. M. D.

(Address) Johns Hopkins Hospital

8778

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18778

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 S. Collington Ave St. 1 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME John Cwik

(a) Residence: No. 223 S. Collington Ave. St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Cwik

DATE OF BIRTH (month, day, year) Unk.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Valentine Cwik

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Beren Son in law

(Address) 223 S. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 23rd 35

19. UNDERTAKER Fred W. Ozgowski

(Address) 1930 Eastern Ave.

20. FILED DEC 22 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1935 to Dec 19 1935

I last saw him alive on Dec 19 1935 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset Dec 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? GI Series Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo L. Kalacki, M. D.

(Address) 126 S. Patterson Pk. Ave.

D. P. 17684

✓ F 18779

18779 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 N. Eulaski St., 70 Ward)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. King

(a) Residence: No. 537 N. Eulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. King.

DATE OF BIRTH (month, day, year) Feby 10th 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME John W. Cummings

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Johanna Heaphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr John J. King
(Address) 537 N Eulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/24/1935

19. UNDERTAKER John J. Cowan & Son
(Address) 401 Fallsway St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1935 to Dec 20 1935.

I last saw her alive on Dec 19 1935 Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O'Neill M. D.

(Address) 108 N. Fulton Ave

F 18780

F 18780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Chester Ave E. 17 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. O'Donnell

(a) Residence: No. 402 E. Chester Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary C. O'Donnell

7. DATE OF BIRTH (month, day, year) June 24-1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

MOTHER'S MAIDEN NAME

13. NAME Thomas O'Donnell

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Catherine Meban

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Mary C. O'Donnell

(Address) 402 E Chester Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/23/1935

19. UNDERTAKER John J. Cowan & Son

(Address) 901 E Fayette St

20. FILED Dec 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/1935

22. I HEREBY CERTIFY, That I attended deceased from June 7 1930 to Dec 20 1935

I last saw him alive on Dec 20 1935 Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	June 1930
Diabetes	1930
Other contributory causes of importance:	
Coronary Thrombosis	Dec 20 1935

Name of operation None Date of

What test confirmed the diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas W Edwards M. D.

(Address) 2746 Clarenda

✓ F 18781

18781 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 N. McElderry St., 5 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laurinda Lopes

(a) Residence: No. 1233 N. McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) May 4-1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cape Verde Islands Portugal

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME Annie Lopes

16. BIRTHPLACE (city or town) (State or country) Cape Verde Islands

17. INFORMANT Silvia
(Address) 1233 McElderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec 22nd 1935

19. UNDERTAKER Chas. A. Elliott Daughter.
(Address) 129 Caroline St

20. FILED 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1935 to 12-20 1935

I last saw h[illegible] alive on 12-20 1935 Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Dec
P. Phthisis	2
	1935

Other contributory causes of importance: .....

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George S. Allen M. D.

(Address) 507 Cathedral St.

8782 HEALTH DEPARTMENT—CITY OF BALTIMORE 18782

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Bal Baker

(a) Residence: No 2610 Robb St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) ~~WIFE~~ of Lila Cottew

DATE OF BIRTH (month, day, year) 11-24-1895

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40		25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany New York.

MOTHER'S MAIDEN NAME

13. NAME Bal Baker

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Liberata ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lila [illegible]

(Address) 2610 Robb St.

18. BURIAL, CREMATION OR REMOVAL

Place [illegible] Date [illegible] 23, 1935

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible], 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1935, to 12-19, 1935

I last saw him alive on 12-19, 1935. Death is said to have occurred on the date stated above, at 7:50 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas A Hatch M. D.

(Address) St Agnes Hospital

✓ F 18783

18783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 Dulaney St. St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Sehman

(a) Residence: No. 2633 Dulaney St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Costillia F. Sehman (nee Miles)

7. DATE OF BIRTH (month, day, year) May 9, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER'S NAME

13. NAME Sehman

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Harriett Freeburger

(Address) 2633 Dulaney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 12/23/35 19

19. UNDERTAKER Harry A. Weitzel

(Address) 4101 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 35 to Dec 20 1935

I last saw h alive on Dec 20 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1 mo

Other contributory causes of importance:

Chronic Bronchitis	1 mo

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1279 Williams St

12-23-21—E B R S—400 Eas.

18784

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18784

CERTIFICATE OF DEATH.

131

Registered No.

1-PLACE OF DEATH

City of BALTIMORE (No. 929 Ramsay St. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raffaele Molinaro

(a) Residence No. 929 Ramsay St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, Divorced, (Write the word.): Married

If married, widowed or divorced, HUSBAND of (or) WIFE of: Angelina Molinaro

6-DATE OF BIRTH (month, day and year): Aug 6, 1872

7-AGE: 63 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): 0004

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Italy.

10-NAME OF FATHER: Casper Molinaro

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Italy.

12-MAIDEN NAME OF MOTHER: Josephine (Unknown)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Italy.

14-(Informant): Angelina Molinaro

(Address): 929 Ramsay St.

15-Filed Dec 22 1935 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec. 20, 1935.

17- I HEREBY CERTIFY, That I attended deceased from May 1935 to Dec 19, 1935

that I last saw him alive on Dec 19, 1935

and that death occurred, on the date stated above, at 2:10 A.m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs.

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Chronic nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual signs.

(Signed) Geo E Wells M. D

12/20, 1935 (Address) 4100 Edmondson Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible] DATE OF BURIAL: 12/23, 1935.

20-UNDERTAKER: [illegible] ADDRESS: [illegible]

F 18785

F. D. B. 1268-9

F 18785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-T

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 2533 Francis St., 13 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 73 yrs. ... mos. ... ds.

2. FULL NAME Alexander G. Lawson

(a) Residence: No. 2533 Francis St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal.

4. Color or Race: Wht.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ida L. Lawson

6. DATE OF BIRTH (month, day, year): May 27, 1857

7. AGE: Years 78; Months 6; Days 24; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): 1900

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Linwood Eng.

FATHER

13. NAME: Wm Lawson

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Mary Not known

16. BIRTHPLACE (city or town) (State or country): Liverpool Eng.

17. INFORMANT: Mrs Ida L. Lawson

(Address) 2533 Francis St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 23 1935

19. UNDERTAKER: Josiah Ryder

(Address) 1601 W. North Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Dec 21, 1935.

I last saw him alive on Dec 20, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Due to Hypertension	2 yrs
Arteriosclerosis	5 yrs
Chronic Nephritis	10 yrs

Other contributory causes of importance: Cardiac Weakness 1 Mo.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E W Lewis M. D.

(Address) 1605 N. North Ave.

F 18786

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18786

93-C

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE (No. 1000 Caton Ave. St., 10 Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Winifred McAdams

(a) Residence: No. 823½ Hilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 yrs.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Corcoran

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 23 1935

19. UNDERTAKER Pius Rudefield
(Address) 14 E Lanvale St

20. FILED Dec 23 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931 to December 20, 1935

I last saw h[illegible] alive on December 20, 1935 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis & cerebral arteriosclerotic heart disease	Previous to 1933
Coronary occlusion	12/19/35
Other contributory causes of importance: Senility Senile marasmus	T 1933?

Name of operation None Date of

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon J. Corcoran M. D.

(Address) 8 Lowndes Court

B 18787 F 18787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 E 29th St., 9 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frederick Hemmeter Sr

(a) Residence: No. 1835 E 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie M Hemmeter

DATE OF BIRTH (month, day, year) Dec 8. 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 1945
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. auto supplies
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frederick Hemmeter Sr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Beck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Carrie Hemmeter
(Address) 1835 E 29th St

18. BURIAL, CREMATION OR REMOVAL
Place Baltimore Cem Date Dec 23, 1935

19. UNDERTAKER Cora Wilmot
(Address) 2115 Orleans St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 1930 to Dec 19, 1935

I last saw him alive on Dec 19, 1935 Death is said to have occurred on the date stated above, at 3 1/4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cardiac end of oesophagus	4 m 1935
Other contributory causes of importance:	
Hemorrhage	Dec 19, 1935

Name of operation Gastrostomy Date of Dec 1. 35

What test confirmed diagnosis? Pathological Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph M Stone M. D.
(Address) 2435 Maryland Ave

T 18788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-2

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S. Poppleton St., W. or E. Yard)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME ANNA C. Mc. MAHON

(a) Residence: No. 320 S. Poppleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of [redacted] Frances J. Mc. Mahon

DATE OF BIRTH (month, day, year) Dec. 27, 1914

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore. Md

12. NAME

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME ANNA M.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT George Hoffman.
(Address) 320 S. Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date DEC. 23 19 35

19. UNDERTAKER Robert Brooks & Son
(Address) CALHOUN & HOLLINS STS.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12. 21. 35. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935. to Dec. 21 1935.

I last saw her alive on Dec. 21 1935. Death is said to have occurred on the date stated above, at 4. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease,	Nov. 1, 35.
Chronic Myocarditis.	" "

Other contributory causes of importance:

none.

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Jonas Horton, M. D.

(Address) 800 W. Lombard Street.

F 18789

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18789

CERTIFICATE OF DEATH

107-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

FULL NAME Susan Sawyer

(a) Residence: No. 422 E. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Sawyer

DATE OF BIRTH (month, day, year) June 13, 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Muskin Shoe Co

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Danvers, Mass.

13. NAME Frank Scrafton

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Helen ?

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Dec 24 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

(Filed) DEC 23 1935 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1935, to Dec 22, 1935

I last saw her alive on Dec 22 1935 Death is said to have occurred on the date stated above, at 2:50 a m

The prinripal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset 3 days ago

Other contributory causes of importance:

Arteriosclerosis — Unknown

Bronchial Asthma — Unknown

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation Clinical Date of —

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. A. de Santalle M. D.

(Address) Baltimore City Hospitals

F 18790 ✓ F 18790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S. Hanover St., 7th Ward)

Length of residence in city or town where death occurred 17 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

If U. S. Veteran specify WAR No Record

FULL NAME Margaret E. Woolford

(a) Residence: No. 612 S. Hanover St., .. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married, or widowed, or divorced~~ HUSBAND of (or) WIFE of Margaret E. Woolford

DATE OF BIRTH (month, day, year) Mar 28th 1880

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	55	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aloe Co.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Margaret Sible

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anna M. James
(Address) 612 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 24th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

RECEIVED DEC 26 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1935 to Dec. 21, 1935

I last saw her alive on Dec. 21, 1935 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	?

Other contributory causes of importance: - - - - - -

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation none Date of

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .. 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Harry Weibel M. D.
(Address) 1224-1226 Hanover St.

F 18791 F 18791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-E

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vincent Szalkewitz — If U. S. Veteran specify WAR .....

(a) Residence: No. 118 Dover St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) July 21, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE ~~(City or town)~~ (~~State or~~ country) Poland

MOTHER
13. NAME Thomas Szalkewitz
14. BIRTHPLACE (city or town) (State or country) Poland

FATHER
15. MAIDEN NAME Annie (?)
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Balto City Hospt Record

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Dec. 23 1935

19. UNDERTAKER (Address) John Grebiancke, 1423 S. Paca St.

20. FILED DEC 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-8-, 1935 to 12-21, 1935.
I last saw h[illegible] alive on 12-20, 1935 Death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Lung with Metastases to Regional Lymph Glands	
Other contributory causes of importance: Bronchopneumonia	3 days

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robt. J. Martin M. D.
(Address) Balto. City Hospt.

JULIA A. WILSON F 18792

F 18792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 27 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Julia A. Wilson

(a) Residence: No. 4542 Kenwick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Wilson

DATE OF BIRTH (month, day, year) Feb 13 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc housework

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Corbin

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Eaton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT H. H. Wilson (daughter)
(Address) 4542 Kenwick Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Pamphelia Dec. 23 1935

19. UNDERTAKER Horace F. Burger
(Address) 3631 Falls Road

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur	
Other contributory causes of importance: Carcinoma cervix Cardiovascular Hypertension	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct 7, 1935

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury fall on floor

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. H. Wilson Coroner, M. D.

(Address) 1010 S. Edmond Ave.

18793 HEALTH DEPARTMENT—CITY OF BALTIMORE 18793

CERTIFICATE OF DEATH

51-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial St. 3400 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dr William Burdick If U. S. Veteran specify WAR

(a) Residence: No. 2807 Lawina Rd. City. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	M

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs. Wm Burdick

DATE OF BIRTH (month, day, year) JAN 7, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dr - M.D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rhode Island

MOTHER'S FATHER'S

13. NAME Mr. E. S. Burdick

14. BIRTHPLACE (city or town) (State or country) Rhode Island

15. MAIDEN NAME Miss. Clara T. Carr

16. BIRTHPLACE (city or town) (State or country) Rhode Island.

17. INFORMANT Marguerite S. Burdick
(Address) 2807 Lawina Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 23 1935

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED Dec 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-35. 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1- 1935 to 12-21 1935
I last saw him alive on 12-21 1935 Death is said to have occurred on the date stated above, at 3:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate c Metastasis to Liver & Bladder	1934
Terminal Bronchs. Pneumonia	

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Hx prostatectomy of Prostate

Name of operation Prostatectomy Date of 12-10-35

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harold N. Hoge M. D.

(Address) Union Memorial Hosp.

18794 HEALTH DEPARTMENT—CITY OF BALTIMORE T 18794

CERTIFICATE OF DEATH

128

Registered No.

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah Oleita Whistler If U. S. Veteran specify WAR

(a) Residence: No. 4308 Wendover Rd. Baltimore Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: WIFE of Harry W Whistler

DATE OF BIRTH (month, day, year) Sept 15-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

13. NAME William B. Haverard
14. BIRTHPLACE (city or town) (State or country) Harford Co Md
15. MAIDEN NAME Catherine Welch
16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Webster Whistler (Address) 4309 Wendover Road

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Harford Co Md Date Dec 23 1935

19. UNDERTAKER Degen & Sons (Address) Baltimore Md

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-35

22. I HEREBY CERTIFY, That I attended deceased from 12-8 1935 to 12-21 1935

I last saw her alive on 12-21 1935 Death is said to have occurred on the date stated above, at 9.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatitis, Acute	12-7-35
Other contributory causes of importance: Arteriosclerosis, generalized	1920(?)
Senility	

Was an operation performed? yes Date of 12-8-35

For what disease or injury? Acute pancreatitis

Name of operation Exploratory laparotomy Date of 12-8-35

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Leslie Fleming M. D.

(Address) Union Memorial Hospital

F 18795

18795 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH UNION MEMORIAL HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME ROBERT LE ROY HASLUP
If U. S. Veteran specify WAR .....

(a) Residence: No. 1603 E. 31st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs. Robert T. Haslup

DATE OF BIRTH (month, day, year) Jan. 19, 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. music teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md.

MOTHER FATHER

13. NAME George Haslup
14. BIRTHPLACE (city or town) (State or country) maryland
15. MAIDEN NAME Georgianna Spencer
16. BIRTHPLACE (city or town) (State or country) maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park to 22 nd/35
19. UNDERTAKER George Smith
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1935, to Dec. 20, 1935
I last saw h[illegible] alive on Dec. 20, 1935 Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-dural Hemorrhage, Ruptur	12-14-35
Fractured Skull	12-14-35
Intra-Cranial Hemorrhage, right	12-14-35

Other contributory causes of importance:

Was an operation performed? yes Date of 12-15-35
For what disease or injury? Sub-dural Hemorrhage - Ruptur
Name of operation Cranial decompression Date of 12-15-35
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-14, 1935
Where did injury occur? Baltimore, Maryland
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell down stairs
Nature of injury Blow on skull.

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) W. M. Copeland M. D.
(Address) Union Memorial Hosp

18796 F 18796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Johns St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James L. McIntyre

If U. S. Veteran specify WAR .....

(a) Residence: No. 1915 Park Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary McIntyre.

6. DATE OF BIRTH (month, day, year) Nov. 21, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tally Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Mail Line

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James L. McIntyre

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary D. McIntyre

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss Mary C. McIntyre

(Address) 3919 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec. 23, 35

19. UNDERTAKER Wm. J. Pentues & Sons

(Address) Hook & Padues.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above from about 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Arteriosclerosis & Uremia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Mann, M. D.

Coroner

(Address) 210 Hanover St

18797 HEALTH DEPARTMENT—CITY OF BALTIMORE 18797

CERTIFICATE OF DEATH

Registered No. 182-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 N. Bethel St. 14 Ward)

Length of residence in city or town where death occurred Lifelong yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Estella Brooks Bryan

(a) Residence: No. 1634 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

3. If married, widowed, or divorced HUSBAND of (or) WIFE of George Bryan

DATE OF BIRTH (month, day, year) Nov. 14/1899.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

13. NAME James H. Cooke

14. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

15. MAIDEN NAME Ida Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ella May Cooke

(Address) 1634 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Dec 22nd 1935

19. UNDERTAKER Mrs. E. A. & A. Elliott - daughters

(Address) 1129 Caroline St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1935 to Dec 20 1935

I last saw h alive on Dec 19 1935. Death is said to have occurred on the date stated above, at 3,40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	12-15-35

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edward Fisher M. D.

(Address) 1612 E. Monument

F 18798

8798 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Linden Ave. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Emily Thomsen

(a) Residence: No. 1517 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 16, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Laurence Thomsen

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emily Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Roszel C. Thomsen

(Address) 1914 Balto. Trust Bldg.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Dec 23, 1935

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

DEC 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 17th, 1935 to Dec 22, 1935.

I last saw her alive on Dec 20th, 1935. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Impacted fracture of neck of Femur.

Date of onset 11-17-35

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury? as per above

Name of operation Date of No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-17, 1935

Where did injury occur? In her bedroom
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home. Fell alongside bed.

Manner of Injury

Nature of Injury as per above

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) G. H. Wentzel M. D.

(Address) 1515 Park Ave.

P50 N. 36 U.T.

18799 F 18799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 W. Lombard St., 19 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary F. Allenbaugh

(a) Residence: No. 1816 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of James J. Allenbaugh

DATE OF BIRTH (month, day, year) Dec. 7, 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Valentine Hauck

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Florentine Deitrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Joseph H. Allenbaugh 1816 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/23/35 19

19. UNDERTAKER (Address) Frederick A Cole 1200 W Lombard St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/35

22. I HEREBY CERTIFY, That I attended deceased from 6/1/35 to 12/20/35

I last saw h[er] alive on 12/18/35. Death is said to have occurred on the date stated above, at 3 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix with generalized metastasis	
Other contributory causes of importance: Chronic Nephritis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Aloha H Crowther M. D.

(Address) 4209 - Frederick Ave.

F 18880

30729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 13 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Wolf

(a) Residence: No. 2248 Linden ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie

7. DATE OF BIRTH (month, day, year) 3-12-67

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Moses Wolf

14. BIRTHPLACE (city or town) (State or country) Ger

MOTHER

15. MAIDEN NAME Nannie Bergman

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Friendship Date Dec. 23 1935

19. UNDERTAKER David Sondheim & Son
(Address) 902 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec - 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1935, to Dec 21 1935

I last saw him alive on Dec 21 1935 Death is said to have occurred on the date stated above, at 3 10 A m.

The principal cause of death and related causes of importance were as follows:

Renal tumor left
Myocardial failure

Date of onset

Other contributory causes of importance:

Secondary wound infection

Was an operation performed? yes Date of 12-9-35

For what disease or injury? Renal tumor, left

Name of operation ureters replantation Date of 12-9-35

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Hugh J. Jewett M. D.

(Address) Johns Hopkins Hospital

18801

F 18801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 E Clarkson St. 13 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME William E. Dooley

(a) Residence: No. 1617 E Clarkson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Dooley

DATE OF BIRTH (month, day, year) April 6, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	13 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pas. Engineer B & O. R. R. Co. (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cabestown W. Va.

MOTHER'S NAME

13. NAME James Dooley

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Sally Anderson

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMANT Mrs. Mary Dooley
(Address) 1617 E Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Dec. 23, 1935

19. UNDERTAKER C. Howard Evans
(Address) 1400 E. Chas. St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935, to Dec 20, 1935

I last saw him alive on Dec 20, 1935 Death is said to have occurred on the date stated above, at 6.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Endfemia	

Other contributory causes of importance:

Exhaustion 2 Days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

Dec 23 35 (Signed) R. C. H. Campbell M. D.
(Address) 1644 Hanover St

F 18802

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18802

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Jennings

(a) Residence: No. 920 Harlem St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

7. DATE OF BIRTH (month, day, year) 1/28/99

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Tom Bynum

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Bynum

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 12-23-1935

19. UNDERTAKER Byron & Maurice W. Wright

(Address) 2218 N. Eutaw St

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1935 to Dec. 19, 1935

I last saw her alive on Dec. 19, 1935. Death is said to have occurred on the date stated above, at 9 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia following operation	2 days
Other contributory causes of importance:	

Was an operation performed? yes Date of Dec 12, 1935

For what disease or injury? Name Repair Umbelical Hernia Date of Dec 12 1935

What test confirmed? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W Geib M. D.

(Address) Johns Hopkins Hospital

F 18803

18803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sara Bantum

(a) Residence: No. 212 N. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Izzah

6. DATE OF BIRTH (month, day, year) May 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn cemetery Date dec 22, 1935

19. UNDERTAKER Edward Bryan

(Address) 1647 Orland St.

20. FILED DEC 23 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1935, to Dec. 17, 1935

I last saw her alive on Dec. 17, 1935. Death is said to have occurred on the date stated above, at 4 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1 day ago

Arteriosclerosis. —

Other contributory causes of importance:

Myocardial insufficiency — 1 mo. ago.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. A. De Santelle M. D.

(Address) Baltimore City Hospitals

8804 HEALTH DEPARTMENT—CITY OF BALTIMORE 8804

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S Stricker St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William N Holliday

(a) Residence: No. 13 S Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 16 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME OF FATHER James Holliday

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME OF MOTHER Sallie Hagan

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Mrs O'Dell Tamblyn

(Address) 3926 Illinois Ave Walbrook

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 12/24, 1935

19. UNDERTAKER Joyce & Starkey Fulton & Fayette

(Address)

20. FILED 12-23 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931 to December 21, 1935

I last saw him alive on December 20, 1935. Death is said to have occurred on the date stated above, at 2 3/4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease	1900 - 1925?

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hinden E. Starkey M. D.

(Address) 3803 Edmondson Ave

18805 HEALTH DEPARTMENT—CITY OF BALTIMORE 18805

CERTIFICATE OF DEATH

✓ 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S. Wolfe St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah A. Lilly.

(a) Residence: No. 403 S. Wolfe St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward D. Lilly.

DATE OF BIRTH (month, day, year) Feb. 19 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Patrick J. Berry.

14. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

15. MAIDEN NAME Margaret Cunningham

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Edw. D. Lilly
(Address) 403 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec. 24 1935

19. UNDERTAKER Lilly & Zeller Inc.
(Address) 403 S. Wolfe St.

20. FILED 19 Registrar

DEC 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1935 to Dec 21 1935

I last saw her alive on Dec 21 1935. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 1/35
Hemiplegia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Herman J. Greving M. D.

(Address) 1500 Eastern Ave.

F 18806

D. B 1268-9

18806 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arista Thompson

(a) Residence: No. 1202 N. Central Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Oliver

7. DATE OF BIRTH (month, day, year) July 9 1874

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	12	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Genl housework

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Jones

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Chas. Thompson (Son)

(Address) 1202 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec. 24 1935

19. UNDERTAKER Robert L. Young

(Address) 504 N. Carrollton St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH 36 J/1a

21. DATE OF DEATH (month, day, year) Dec 21, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral effusion	Dec 20

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wagner Coroner, M. D.

(Address) 1010 S. Belnord Ave.

F. 18807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Whitridge — If U. S. Veteran specify WAR

(a) Residence: No. 4402 Greenway St., Guilford Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie

7. DATE OF BIRTH (month, day, year): 8-4-65

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Exporter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cotton

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John A Whitridge

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Ellen Henderson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Date Dec 24, 1935

19. UNDERTAKER: J. Wenkins & Co.
(Address) Edmondson Ave & Caroline St

20. FILED 1935, 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1935, to 12/22, 1935

I last saw him alive on 12/22, 1935. Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	12/8/35

Other contributory causes of importance:

empyema
myocardial failure

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? sputum typed. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Sarah H. Rowditch, M. D.
(Address) Johns Hopkins Hospital

F 18808

18808 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3342 Hickory Ave. 13 Ward)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Barbara E. Stricklin

(a) Residence: No. 3342 Hickory Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John Stricklin.

DATE OF BIRTH (month, day, year) Feb 25, 1847.

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
88	9	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER'S NAME

13. NAME Peter Masenheimer

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. F. W. Wagner.
(Address) 3342 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet
Date Dec 25, 1935

19. UNDERTAKER Thenger & Son.
(Address) 3615-17 Chestnut Ave.

Filed DEC 26 1935, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Dec 22, 1935

I last saw her alive on Dec 22, 1935 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervical glands Right	1 yr.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Wm. H. Hall, M. D.

(Address) 2020 E. Eager

D. B. 1268-9

F 18809

18809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Hollins St., 14 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Minnick

(a) Residence: No. 1226 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 6, 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME William F Minnick

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Maria A Brendel

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT M Ellen Guthrie

(Address) 130 E Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 23 1935

19. UNDERTAKER Vernon Kehner

(Address) 230 E Edmondson Ave

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23. 1935 to Dec 20. 1935

I last saw him alive on Dec 20. 1935 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset about
Hypertensive Cardio-Vascular disease (Arteriosclerosis)	1928
Other contributory causes of importance: Myocardial degeneration	1934

Name of operation None Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. D. Burgess M. D.

(Address) 1326 W Lombard St

18810 HEALTH DEPARTMENT—CITY OF BALTIMORE 18810

CERTIFICATE OF DEATH

127

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD St. 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Lorraine Schwartz

(a) Residence: No. 3411 Brendan Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 16th 1930

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kindergarten
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER
13. NAME Fred C. Schwarz
14. BIRTHPLACE (city or town) (State or country) Balti. City

FATHER
15. MAIDEN NAME Mary M. Davis
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Fred Schwarz
(Address) 3411 Brendan Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cem. Date Dec. 24, 1935

19. UNDERTAKER Fredk. Lassahn & Son
(Address) 2401 E. Lan[illegible] St.

20. FILED Dec 26 1935, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24 1935

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1935 to December 21, 1935
I last saw her alive on December 21, 1935 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Catarrhal Jaundice	12-8-35
Toxic Hepatitis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, what? .....

(Signed) F. M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 18811

8811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Edmondson Ave St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Phillipaine L Heine

(a) Residence: No. 2920 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fm	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Heine

DATE OF BIRTH (month, day, year) Jan 10 - 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Frank Neumann
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Anna Hollaenger
(Address) 2920 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Cem Date 12/24, 1935

19. UNDERTAKER Leonard J Rauch
(Address) 4305 Harford Rd

20. FILED ..... 19 .....
Registrar

12-24-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932 to Dec 22, 1935

I last saw her alive on Dec 21, 1935 Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1932
generalized carcinomatosis	1935

Other contributory causes of importance:

Gangrene of feet due to arteriosclerosis.	Aug 1935

Was an operation performed? Yes Date of 1935

For what disease or injury? Carcinoma of stomach

Name of operation Exploratory Laparotomy Nature of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Michel M. D.

(Address) 2901 Edmondson Ave

D. B. 1268-9

Dr. Rdyo

Dr Wright 1010 S Elwood

F 18812

18812 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. John 2043 E. Biddle St., 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Margaret M. Cabryl (Perrera) If U. S. Veteran specify WAR No. Record

(a) Residence: No. 2043 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

DATE OF BIRTH (month, day, year) Dec. 22 1933

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Andrew Cabryl
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Dorothy M. Roth
16. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

17. INFORMANT Frank Perrera, Step father
(Address) 2043 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 12/28/35

19. UNDERTAKER [illegible]
(Address) 1214 [illegible]

20. FILED DEC 28 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
meningitis acute	[illegible]

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 1010 S. Belnord Ave

18813 V 18813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 E Lafayette Ave St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. dys How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George J. Empale (Emperle) If U. S. Veteran specify WAR

(a) Residence: No 2024 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hedwig Weiss

DATE OF BIRTH (month, day, year) June 30, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewer (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Augusta Empale
(Address) 2024 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date 12/23/ 1935

19. UNDERTAKER E. J. Fanning & Son
(Address) 1438 E. Lafayette Ave.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 2, 1935, to December 20, 1935

I last saw him alive on December 20, 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Cardiac Hypertrophy	
Other contributory causes of importance:	
Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl Rheudner, M. D.
(Address) 1919 E. North Ave

F 18814

F 18814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

2320

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 Linden Ave 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... da. How long in U. S. If of foreign birth? n/a yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Isaac Ehrlich

(a) Residence: No. 2133 Linden Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ehrlich

7. DATE OF BIRTH (month, day, year) .....

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ralph Ehrlich Son
(Address) 3403 Fort Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Washington Blvd Date 12/23/25

19. UNDERTAKER Jacob Lewis Inc.
(Address) 1437 E. Baltimore St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/25 19

22. I HEREBY CERTIFY, That I attended deceased from 10/25 19 25 to 12/22 19 25

I last saw him alive on 12/22/25 19 Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/25/25

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) I. Ginsberg M. D.

(Address) 2320 Eutaw Pl

F 18815

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18815

CERTIFICATE OF DEATH

139-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Baltimore Gen'l Hosp St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME Mrs. Hale Ladner

(a) Residence: No. 3613 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Morris Ladner
7. DATE OF BIRTH (month, day, year)
AGE — Years: 39 — Months — Days — If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: Michael Stein
14. BIRTHPLACE (city or town) (State or country): Russia
15. MAIDEN NAME: Ida ?
16. BIRTHPLACE (city or town) (State or country): Russia
17. INFORMANT: Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL: Hebrew Herring Run Date 12/23/35
19. UNDERTAKER: Louis Levi
(Address) 1439 S.E. Balto. St
20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22, 1935
22. I HEREBY CERTIFY, That I attended deceased from 12/5, 1935, to 12/22, 1935
I last saw h alive on 12/22, 1935 Death is said to have occurred on the date stated above, at 6.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia - Malignant Carcinoma of Cervix	12/22/35
Repair of Cervix	
Name of operation Closure of int. ureteric fistula Date of 12/7/35	
What test confirmed diagnosis? Was there an autopsy?	

Other contributory causes of importance:

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Schaefer, M. D.
(Address) West Baltimore General Hosp.

18816 (Over) F 18816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42-182-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Asposia Alexander Bardi

(a) Residence: No. 416 N. Green St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Aug 12, ~~1890~~ 1875.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	119	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Turkey

FATHER
13. NAME Stephan Alexander.
14. BIRTHPLACE (city or town) (State or country) Turkey

MOTHER
15. MAIDEN NAME Magda ?
16. BIRTHPLACE (city or town) (State or country) Turkey.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Dec. 24. 1935
Baltimore Md.

19. UNDERTAKER F. Francis Reese
(Address) Westminster Md.

20. FILED DEC 26 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1935, to Dec 21, 1935

I last saw her alive on Dec 21, 1935 Death is said to have occurred on the date stated above, at 7:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Hypertension	Unknown
Cerebral Hemorrhage	4 days ?

Other contributory causes of importance:

Was an operation performed? No - Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. A. De Lantelle, M. D.

(Address) Baltimore City Hospitals.

F 18817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 E Clement St., 24 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion R Ramsey

(a) Residence: No. 421 E Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen G Morgan

7. DATE OF BIRTH (month, day, year) June 3 1914

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Mill Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Marion R Ramsey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Mellenburg

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mary Ramsey
(Address) 421 E Clement

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cemetery Date 12/24 1935

19. UNDERTAKER J J Feahey Inc
(Address) 1318 Eight St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1935 to Dec 21 1935

I last saw him alive on Dec 21 1935. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	? 6/1/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Streett M. D.

(Address) 421 E. Fort Ave.

✓ F 18818

818 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-c Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 S. Ann St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ann Mrs. Roche If U. S. Veteran specify WAR .....

(a) Residence: No. 31 S. Ann St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) May 16 1877

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James J. Roche

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Byrne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elizabeth Roche

(Address) 310 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mem. Cathedral Date Dec 24 1935

19. UNDERTAKER Mart. M. E. Dispigel

(Address) 37 S. Ann St.

20. FILED DEC 23 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1935 to Dec 21 1936.

I last saw her alive on Dec 21 1936. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 y.
Other contributory causes of importance Arterio-Sclerosis	2 y.

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph L. Valentine M. D.

(Address) 10 S. Broadway.

F 18819

8819 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W 13 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Savage

(a) Residence: No. 846 N Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 3, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Savage

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mary McGowan

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT George Savage

(Address) 843 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 23, 35

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED 12-21-1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1935, to Dec 20, 1935

I last saw him alive on Dec 20, 1935 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis — Date of onset unknown

Other contributory causes of importance:

Rickets
Malnutrition

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M Rees, M. D.

(Address) University Hosp

D. B. 1268-9

F 18820

3820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Penna. Ave St., 12th Ward)

Length of residence in city or town where death occurred 15 yrs. — mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lula Shepard

(a) Residence: No. 1428 Penna. Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: WIFE of (or) HUSBAND of

7. DATE OF BIRTH (month, day, year): Unknown

8. AGE: Years 46; Months —; Days —; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. ~~Name~~ name: Birthplace Va.

14. BIRTHPLACE (city or town) (State or country): Wilis Randolph

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: John Randolph Jr

(Address) 917 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/24, 1935

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Pressman St

DEC 23 1935

20. Filed ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1935, to Dec. 21, 1935

I last saw h[illegible] alive on Dec. 21, 1935 Death is said to have occurred on the date stated above, at 5:30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12/15/35

Other contributory causes of importance: None

Name of operation — Date of —

What test confirmed diagnosis? Hist. & Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ...

No If so, specify ...

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

F 18821

18821 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 St Paul St., 17 Ward)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 76 yrs. 9 mos. 18 ds.

2. FULL NAME Isaac Faulkner Churchill

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 1806 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frances B Churchill

6. DATE OF BIRTH (month, day, year): about Mar 4 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	76	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): Retired

11. Total time (years) spent in this occupation: Retired

12. BIRTHPLACE (city or town) (State or country): Front Royal Virginia

FATHER

13. NAME: John Newton Churchill

14. BIRTHPLACE (city or town) (State or country): Probably in Virginia

MOTHER

15. MAIDEN NAME: Anna R. Hoffman

16. BIRTHPLACE (city or town) (State or country): Probably in Virginia

17. INFORMANT (Address): Mrs Frances B Churchill (wife) 1806 St Paul St

18. BURIAL, CREMATION OR REMOVAL. Place: Woodlawn Date: Dec 23 '35

19. UNDERTAKER (Address): Stewart Mortuary Co. 108 Monument Ave.

20. Filed ..... 19..... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1927 to Dec 22, 1935.

I last saw him alive on Dec 21, 1935. Death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Dec 6/35

Other contributory causes of importance: Senility, arteriosclerosis, hypertension — Years

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation — Date of —

What test confirmed diagnosis? Physical exam, Post mortem Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm A Fleetwood M. D.

(Address) 12 Mayfair Rd Baltimore

✓ F 18822

822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 John St. St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Johnson

If U. S. Veteran specify WAR .....

(a) Residence No. 1502 John St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline M. Johnson

6. DATE OF BIRTH (month, day, year) June 12—1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoe Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Margaret Johnson

(Address) 1502 John St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 12/24/35

19. UNDERTAKER Chas F. Nauert Son

(Address) 1158 W. Royal Ave

20. FILED 12-24-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935, to Dec 22, 1935

I last saw h[illegible] alive on Dec 22, 1935. Death is said to have occurred on the date stated above, at 12 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/15/35
Other contributory causes of importance: Cerebral Hemorrhage	12/4/35
Arteriosclerosis	12/4/35

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas F. Claudius M. D.

(Address) 3613 St Paul St.

✓ F 18823

8823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82a

Registered No. .....

1. PLACE OF DEATH South Baltimore Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Dorr

(a) Residence: No. Marley Neck, Brooklyn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Dorr

7. DATE OF BIRTH (month, day, year) Sept 17th 1869

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William T. Dorr

14. BIRTHPLACE (city or town) (State or country) La.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Marvin B. Dorr

(Address) 5 Fifth & Patapsco Ave Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Frumwick Md Date Dec 24th 1935

19. UNDERTAKER E. Sahlman & Son

(Address) 1039 Hanover st.

20. Filed ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1935, to December 22, 1935

I last saw h alive on December 22, 1935 Death is said to have occurred on the date stated above, at 9:15 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec. 14
Bronchopneumonia	Dec. 18

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Paul Lubin M. D.

(Address) 320 Patapsco Ave

D. B. 1268-9

F 18824

8824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Walbert Apt

CITY OF BALTIMORE: (No. Charles & Lafayette St. 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katharine A. Zell

(a) Residence: No. Walbert Apt Charles & Lafayette Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Late Harry Zell

6. DATE OF BIRTH (month, day, year) Nov 25 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME T. Langley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary J. Tarney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Harry Zell Jr

(Address) Walbert Apt

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 25 1935

19. UNDERTAKER Henry J. Jenkins Sons & Richard McGill Co

Address

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1935 to Dec 23 1935

I last saw her alive on Dec 22 1935 Death is said to have occurred on the date stated above, at 10.30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterial Sclerosis	(2)
a y	
Other contributory causes of importance: Bronchio-pneumonia	2 dy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state (1) .....

(Signed) W. S. Love M. D.

(Address) 2211 Eutaw Pl

3825 F 18825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x✓ 131

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.
CITY OF BALTIMORE: (No. St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 4 ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Libertini

(a) Residence: No. Glen arm, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of Maria L. Libertini

DATE OF BIRTH (month, day, year) March 7, 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Nicolo' Libertini

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Paolina Adamo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Marianna Libertini
(Address) Glen arm Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph Ce. Balt. Co, Dec. 24 1935

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Morley St.

20. FILED 23 1935 Registrar 147

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1935 to December 21, 1935
I last saw him alive on December 21, 1935 Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Arteriosclerosis	
3. Chronic myocarditis	
4. Chronic nephritis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 18826

3826 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., V Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Vann — U. S. Veteran specify WAR .....

(a) Residence: No. 165 S. Hunham St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD —

MOTHER

13. NAME William Vann

14. BIRTHPLACE (city or town) (State or country) MD —

15. MAIDEN NAME Grace Gulley

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT (Address) Reeds —

18. BURIAL, CREMATION, OR REMOVAL Place Jo's Med School Date Dec 23, 1935

19. UNDERTAKER (Address)

20. FILED Dec 23 1935, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1935 to Dec 11, 1935

I last saw ~~him~~ alive on Dec 11 1935 Death is said to have occurred on the date stated above, at 4 05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lydia B Sleeper M. D.

(Address) Johns Hopkins Hospital.

F 18827

8827 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 S. Decker Ave St., Ward)

Length of residence in city or town where death occurred 17 yrs. 5 mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S Veteran specify WAR

2. FULL NAME John A. Seagack

(a) Residence: No. 1229 S. Decker Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 12 1918

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None Given

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER'S FATHER

13. NAME Peter Seagack

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Helen Wierzbowska

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Peter Seagack (Address) 229 S. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL Date Dec 24 1935

St. Stanislaus Cem

19. UNDERTAKER Stephen J. Fialkowski (Address) 1008 S. Kenwood Ave

20. FILED DEC 26 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15. 1935 to Dec 21 1935

I last saw h alive on Dec. 20 1935. Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hodgkins Disease

do not Know date of Onset.

Other contributory causes of importance:

none

Was an operation performed? No Date of

For what disease or injury? No

Name of operation none. Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. J. Costello M. D.

(Address) 335 E. 31st St

F 18828

8828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 W Mulberry St., ... Ward) | 9 | (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Howard M. Gillette

(a) Residence: No. 1429 W. Mulberry St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Gillette

7. DATE OF BIRTH (month, day, year) 9-7-1913

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. store clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5 & 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Edwin E. Gillette

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mattie Knox

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mattie Gillette Mother
(Address) 1429 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Dec 24 1935

19. UNDERTAKER Chas G Cooper
(Address) 514 N Calhoun ST

20. FILED Dec 24 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1935, to Dec 22, 1935

I last saw h[illegible] alive on Dec. 21, 1935. Death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset 12/15/35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm. H. Wright M. D.
(Address) 1209 Professional B

F 18829

3829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 131

Registered No. 43

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Old York Rd (Ward) 43rd

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Sarah E. Kermode

(a) Residence: No. 3404 Old York Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Thomas L. Kermode

6. DATE OF BIRTH (month, day, year): May 31st 1846

7. AGE: Years 89 | Months 6 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): Nov 1935

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Warren Balto. Co. Md.

FATHER

13. NAME: John M. Rhinehart

14. BIRTHPLACE (city or town) (State or country): Manchester Md

MOTHER

15. MAIDEN NAME: Maria Stone

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ella L. Rhinehart
(Address) 3404 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Date: Dec 24th 1935

19. UNDERTAKER: William Cook
(Address) 1217 St. Paul St

20. FILED 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1933 to Dec. 22 1935.

I last saw her alive on Dec. 22 1935. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Superior cerebral Cardiac Hypertrophy	Some yrs
Chronic interstitial nephritis. Uremic Hemorrhage. Left Hemiplegia.	Oct. 1-33
Other contributory causes of importance: Cancer, Carcinoma Cervix - terminal	Nov. 6-35
	Dec 21-35

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Bond Thomas M. D.

(Address) 2125 Maryland ave.

(Tyrrell) F 18830

8830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 92-a

Registered No. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3048 Edmondson Ave St., Ward)

Length of residence in city or town where death occurred 55c yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR none

2. FULL NAME George R. Tyrrell Sr.

(a) Residence: No. 3048 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Annie M. Tyrrell

6. DATE OF BIRTH (month, day, year) April 24th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Contracting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Michael R. Tyrrell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret H. Kirby

16. BIRTHPLACE (city or town) (State or country) Prince George Co Md

17. INFORMANT Walter M. Tyrrell
(Address) 3048 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 24th 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul st

20. FILED DEC 26 1935 ID. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased (from) Dec 1-35 19 (to) Dec 22nd 19 35

I last saw h~~er~~ alive on Dec 21st 19 35 Death is said to have occurred on the date stated above, at 4:2a a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Regurgitation	
Other contributory causes of importance: Contributory Failure	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roy D McCleary M. D.

(Address) 400a Poplar

D. P. 1268-9

F 18831

8831 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 95-B

1. PLACE OF DEATH Church Home & Infirmary Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., Ward) 16

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Flint

No War Record

(a) Residence: No. 2864 W. Lanvale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James A. Flint.

7. DATE OF BIRTH (month, day, year) Dec. 13 1876

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George T Gray

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rosanna Bell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT James A. Flint

(Address) 2864 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 24th, 35

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1935 to December 22, 1935

I last saw her alive on December 22, 1935 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease with auricular fibrillation	
Congenital cardiac anomaly.	
Other contributory causes of importance:	
Cerebral embolism	Nov 4, 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John A. Myers M. D.

(Address) Church Home & Infirmary

M. D. B 1263-9

F 18832

18832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 Mosher St., 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella May Rosenstein If U. S. Veteran specify WAR No Record

(a) Residence: No. 1831 Mosher St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac Rosenstein

6. DATE OF BIRTH (month, day, year) Nov. 20 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bernard Co. Kansas

FATHER

13. NAME James L. Burkard

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Penn.

MOTHER

15. MAIDEN NAME Mary Kraft

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Isaac Rosenstein, Husband (Address) 1831 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec 24th 1930

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 9.30 P.M.

The principal cause of death and related causes of importance were as follows: Mitral Valvular Disease of Heart

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

F 18833

D. B. 1268-9
8833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. front 3207 Rockenp Ave St., Ward) 27
Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Vet. specify WAR 96 Record

2. FULL NAME Walter Edward Stroud
(a) Residence: No. 3210 Rockenp Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Jane

6. DATE OF BIRTH (month, day, year) May 22 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Father Retired Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

FATHER

13. NAME Edward Stroud
14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Mary E. Reynolds
16. BIRTHPLACE (city or town) (State or country) Wilmington Del

17. INFORMANT Mrs. Emma Stroud
(Address) 3210 Rockenp Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date 12/24, 1935

19. UNDERTAKER W. Cole & Son
(Address) 1214 Park Ave

20. FILED DEC 26 1935, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and (from the evidence above, held an ... (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: — Date of onset

Probably Coronary Embolism

Other contributory causes of importance: Chronic myocarditis

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.
Coroner
(Address) 1010 S. Edward St.

F 18834

3834 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-a

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Henry Lamp

(a) Residence: No. None (brought in by M.P. Police) St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male.	White	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11-14-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Lamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Lang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 24 [illegible]

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-17-35, 19..., to 12-18, 1935

I last saw him alive on 12-18 1935. Death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days ago
Other contributory causes of importance:	
Arteriosclerosis	7 months
Malnutrition	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no, If so, specify .....

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

F 18835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 82-6

835

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jeanette Kleiman

(a) Residence: No. Essex, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Joseph Kleiman

6. DATE OF BIRTH (month, day, year): Nov-25-1893

7. AGE: Years: 42 | Months: — | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Pickert

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Lena Turner

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Fannie Kleiman
(Address) 227 W Washington St

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Cemetery Date Dec 24 1935

19. UNDERTAKER: H. The. Poole & Son
(Address) 4-6 W. Broadway

20. FILED Dec 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1935, to Dec. 22, 1935

I last saw h.. alive on Dec. 22, 19 Death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	12-19-35
Uremia	12-20-35
Hypertension	"

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

D. B 1268-9

18836 F 18836

18836 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-2

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Andrae.

(a) Residence: No. 705 W. Barre St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ;-;---------

DATE OF BIRTH (month, day, year) July, 29, 1875

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Willian Andrae

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Barbara Niegand.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Ernest A. Wenzel.

(Address) Poplar Grove, Halethrope.

18. BURIAL, CREMATION, OR REMOVAL

Place Lauder Park Date Dec 24. 1935

19. UNDERTAKER

(Address) 101 ...

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis: Hospital autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto Leinbach M. D.

Coroner

12/23/35 (Address) 1017 E. Charles St.

F 18837

18837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 649 N. Bentalou St., 16 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma N. Hammerbacher

(a) Residence: No. 649 N. Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George M. Hammerbacher

DATE OF BIRTH (month, day, year) Dec 11th 1889.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	0	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles M. Kraemer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emilie C. Binder

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George N. Hammerbacher
(Address) 649 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 26th 1935

19. UNDERTAKER M. & Mrs. John H. Geukel & Son
(Address) 801 W. Fayette St.

20. FILED 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th 1935 to Dec 22-35 19.....

I last saw her alive on Dec 21-35 19 Death is said to have occurred on the date stated above, at 4.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma of Body Uteri. Metastasis from Ovary	3 mo

Other contributory causes of importance:

Toxemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Blair O'Mealey M. D.

12/23/35 (Address) 406 N Payson St.

18838 F 18838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 N. Schroeder St. 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C. Reinhardt — If U. S. Veteran specify WAR .....

(a) Residence: No. 631 N. Schroeder St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Henry Reinhardt

DATE OF BIRTH (month, day, year) Mar 15. 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Balto. Md.

MOTHER FATHER

13. NAME — Frederick Wurach

14. BIRTHPLACE (city or town) (State or country) — Germany

15. MAIDEN NAME — Anna C. Scheffer

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT — Clarence A. Reinhardt
(Address) 631 N. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Dec 24. 1935

19. UNDERTAKER — Mrs. Mrs. John W. Teufel & Son
(Address) 801 W. Fayette St.

20. FILED ..... 1935 ..... Registrar

3.30 P.M. Dec.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19. 1935 to Dec 21. 1935

I last saw her alive on Dec 21. 1935 Death is said to have occurred on the date stated above, at 4.12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis -	
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marie E. Wagner M.D.

(Address) 627 Schroeder

D 18839

F 18839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Druid Hill Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William P. Mahoney

(a) Residence: No. 2109 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 10 1886

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md.
(State or country)

FATHER

13. NAME Lester Mahoney

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Sarah Steward

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Pauline Short

(Address) 2035 Linna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 12/24 1935

19. UNDERTAKER Frances A Kemsley

(Address) 5 Fell Baltimore Md

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-35 19

22. I HEREBY CERTIFY, That I attended deceased from 12-6-35 19 to 12-21-35 19

I last saw him alive on 12-20-35 19 Death is said to have occurred on the date stated above, at 2.20 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset Sept. 1935

Other contributory causes of importance:

Age

Name of operation Date of

What test confirmed diagnosis? Gen. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ernest F. Melton M. D.

(Address) 2009 Penna. Ave

18840

F 18840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

Registered No. .....

1. PLACE OF DEATH Provident Hospital 19

CITY OF BALTIMORE: (No. 1514 Dennison St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Small

(a) Residence: No. 212 W Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 8037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Brooks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Burley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Selina Powell

(Address) 212 W. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 12/24/ 1935

19. UNDERTAKER Francis A Hemsley

(Address) 5784 W. Biddle St.

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1935, to 12-22, 1935

I last saw h alive on 12-22, 1935. Death is said to have occurred on the date stated above, at 1 05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Cervix	

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) By Edwin M. D.

(Address) Provident Hospital

D. H. 1265-b

18841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18841

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 Argyle ave St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. — mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Edward Fisher

(a) Residence: No. 1535 Argyle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary D. Fisher

6. DATE OF BIRTH (month, day, year) Nov 24 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hauling 6086

10. Date deceased last worked at this occupation (month and year) Sept 25, 1935

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto ore Md

FATHER

13. NAME Henry Fisher

14. BIRTHPLACE (city or town) (State or country) Frederic Md

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary D. Fisher

(Address) 1535 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 12/25/ 35

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED . 19 .

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 . 1935

22. I HEREBY CERTIFY, That I attended deceased from October 10 . 1935 to Dec 22d . 1935

I last saw him alive on Dec 20 . 1935 Death is said to have occurred on the date stated above, at 7.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Congestion of Lungs	12:17:35
Cholecystitis	10:10:35

Other contributory causes of importance:

Interstitial Nephritis

Name of operation none Date of —

What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes. If so, specify Exposure to cold

(Signed) E. B. Turner M. D.

(Address) 658 W. Franklin St

18842 F 18842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6401 Old Harford Rd St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Christina Schmidt

If U. S. Veteran specify WAR ..... none

(a) Residence: No. 6401 Old Harford Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Chas Schmidt

6. DATE OF BIRTH (month, day, year): June 10 1866

7. AGE: Years 69 | Months 6 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: .....

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louise Dill

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Aubrey Ensley

(Address) 6401 Old Harford Rd

18. BURIAL, CREMATION, OR REMOVAL.

Place Oak Lawn Date 12/24/35

19. UNDERTAKER: Philip Hering Sons

(Address) 2016 Eutaw St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 22 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Dec 22 1935

I last saw h alive on Dec 22 1935 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	July 1935
Arthritis of Spine	
Other contributory causes of importance:	

D. B. 2268-9

F 18843

18843 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4519 Hamilton Ave., Balto St., Md. 26th Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Baxter Evans

(a) Residence: No. 4519 Hamilton Ave., Balto., Md. St., 26th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Evans

7. DATE OF BIRTH (month, day, year) Jan. 30, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0-27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In her own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Raspeburg, Baltimore Co., Md.

FATHER

13. NAME Thomas C. Biddison

14. BIRTHPLACE (city or town) (State or country) Raspeburg, Baltimore Co., Md.

MOTHER

15. MAIDEN NAME Julia McCauley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Ethel Evans

(Address) 4519 Hamilton Ave., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Dec 26th 1935

19. UNDERTAKER Chas Schillinglaws

(Address) 1124 N. Eutaw St. Baltimore Md.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to December 22, 1935

I last saw her alive on December 22, 1935. Death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency- (sudden termination)	
Myocarditis	1 yr.
Arterio-sclerosis	Years?
Diabetes Wellitus	7 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Millikan M. D.

(Address) 5713 Belair Rd., Balto., Md.

18844

307698

✓ F 18844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 122-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Ketterman

(a) Residence: No. 224 Cottage Place Ward. York Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. B

6. DATE OF BIRTH (month, day, year) 10-27-94

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Albert Bartner

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Barbara Green

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place York PA Date Dec 26 . 1935

19. UNDERTAKER Towell & Berg Inc

(Address) 1617 W Cold Spring Ln

20. FILED . 19 ..... Registrar.

Edward F. Baumeister.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 . 1935 to Dec 23 . 1935

I last saw her alive on Dec 23 . 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset Dec 15

Paralytic ileus — Dec 15

adenoma of colon — 3 years

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 23, 1935

For what disease or injury? Carcinoma of Sigmoid with Intestinal Obstruction

Name of operation Exploratory Laparotomy Date of Dec 23, 1935

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard W Jones M. D.

(Address) Johns Hopkins Hospital

18845

HEALTH DEPARTMENT—CITY OF BALTIMORE

18845

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Gillespey

(a) Residence: No. 711 W Amut Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Carrie Gillespey

6. DATE OF BIRTH (month, day, year) February 9 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George W. Gillaspey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah E. Gates

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Carrie D. Gillaspey (Address) 711 Walnut Ave

18. BURIAL, CREMATION, OR REMOVAL Place Fremont Cem Date Dec 26 35

19. UNDERTAKER Samuel W. May (Address) 619 N. Bouldin St.

20. FILED ....., 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22 1935

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1935, to December 22, 1935.

I last saw him alive on December 22 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute appendicitis	
2. Peritonitis	
3. Broncho pneumonia	
Other contributory causes of importance:	
1. Chronic myocarditis	

Was an operation performed? yes Date of 12-12-35

For what disease or injury? Acute appendicitis

Name of operation Appendectomy Date of 12-12-35

What test confirmed diagnosis? op Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

18846 ✓ F 18846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 East Lafayette Ave. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grace C. Gartside

(a) Residence: No. 1910 East Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Gartside

6. DATE OF BIRTH (month, day, year) Oct. 14th 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME George E. Younger

14. BIRTHPLACE (city or town) (State or country) Baltimore Co., Maryland

MOTHER

15. MAIDEN NAME Katherine L. Biley

16. BIRTHPLACE (city or town) (State or country) Baltimore Co., Maryland

17. INFORMANT (Address) Bessie M. Jones (Sister) Woodlawn, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Dec. 24" 1935

19. UNDERTAKER (Address) Joseph H. Cook 1003 West Baltimore St.

DEC 27 1935 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22" 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1934 to Dec 18 1935

I last saw her alive on Dec 18 1935 Death is said to have occurred on the date stated above, at 1.05 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Sept 1934
Other contributory causes of importance:	
Arteriosclerosis	?
Hypertension-duration about 2	yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hallie Shubert M. D.

(Address) 2220 Garrison Blvd.

18847 ✓ F 18847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1118 Sargeant St. St., ... Ward) 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie E. Robinson

(a) Residence: No. 1118 Sargeant St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Robinson

7. DATE OF BIRTH (month, day, year) March 26, 1865

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfax County Virginia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. John F. Robinson
(Address) 1258 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 25 1935

19. UNDERTAKER Fostbrook
(Address) 1005 N. Baltimore St.

FILED DEC 24 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec - 15, 1935, to Dec 22, 1935. I last saw her alive on Dec 22, 1935. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease	?
Cerebral Hemorrhage	12/1/35

Other contributory causes of importance:

Asthma

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) Hubert E. Stacy M. D.

(Address) 402 Edmondson Ave. 3803.

H. D. B. 1268-9

✓ F 18848

18848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Park ave St., 11 Ward)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M. L. F. Philpot

(a) Residence: No. 710 Park ave St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 15 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

FATHER

13. NAME John Philpot

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Fraser

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Jennie Randall

(Address) Washington apts City

18. BURIAL, CREMATION, OR REMOVAL Monkton Md

Place St James Cem. Date Dec 24. 1935

19. UNDERTAKER Henry W. Jenkins Sons Co

(Address) McCulloh & Richards sts.

20. FILED 24 1935 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April . 1933 to Dec 22 . 1935

I last saw h[er] alive on Dec. 22 . 1935 Death is said to have occurred on the date stated above, at 3.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	years ago
Other contributory causes of importance: Cardiac Decompensation	Dec 19 1935

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so specify ...

(Signed) Geo. M. Little M. D.

(Address) 2435 Maryland Ave

M. D. B 1268-9

✓ F 18849

F 18849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1374 W. North ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie C. Miller

U. S. Veteran specify WAR .....

(a) Residence: No. 1374 W. North ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob H. Miller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosanna Rice

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas. G. Baker

(Address) 1375 W. North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Dec 24 1935

19. UNDERTAKER J. O. Mitchell Sons.

(Address) 1906 Eutaw Place.

DEC 24 1935

FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19th 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Inquest, Autopsy or Inquiry) did that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Renal disease	2 yrs

Other contributory causes of importance:

Pellagra Dec 14th to Dec 17th

(For further statement see reverse)

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. Oldenhorst, M. D. Coroner

(Address) Towson

F 18850

18850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2820 Baker. St., 46 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marietta. Riley.

(a) Residence: No. 2820 Baker. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Chas-Thos. Riley.

6. DATE OF BIRTH (month, day, year): April. 21 1859

7. AGE: Years: 76. Months: 8 Days: 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: Upthrue Kellam Broughton

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Mary Ann Stevens

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Edgar Riley. (Address) 2820 Baker St.

18. BURIAL, CREMATION, OR REMOVAL: Date Dec. 26th 1935

Place Ofarrell Va

19. UNDERTAKER: Mrs. Chas a. S. Rohde (Address) 2327 Edmondson ave

20. FILED ..... 19..... Registrar

DEC 24 1935

Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 35. to Dec - 23 19 35.

I last saw her alive on Dec 22 19 35. Death is said to have occurred on the date stated above, at 6 15 ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1925
Chronic Nephritis	1930

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glen E. Bishop M. D.

(Address) 12 E-25th St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

18851

CERTIFICATE OF DEATH

186-a F 18851

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hos. St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Diefenbach

(a) Residence: No. 229 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Henry Diefenbach

6. DATE OF BIRTH (month, day, year): July 16, 1852

7. AGE: Years 83 | Months 5 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Store keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: John Dee

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Schneider

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Mollie Diefenbach

(Address) 229 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 24, 1935

19. UNDERTAKER: Wm Hickey Sons

(Address) North & Fulton Aves

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from December, 19..

I last saw h[illegible] alive on December, 19.. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Lung Hypostatic Pneumonia — Date of onset

Other contributory causes of importance:

Fracture of Left Femur

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell in her room from Chair

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H. Phillips Coroner, M. D.

(Address) .....

F 18852

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18852

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 West Baltimore Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Philip P. Auer

(a) Residence: No. 1906 West Baltimore St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Helen A Auer

6. DATE OF BIRTH (month, day, year) Aug 17 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Mfr.

10. Date deceased last worked at this occupation (month and year) 5 yrs. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Auer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Helen Auer

(Address) 1906 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 24 1935

19. UNDERTAKER Wm J Tuckey & Son

(Address) North & Linn Ave

19 Reg. No.

FILED DEC 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-16-35 to 12-22-35

I last saw him alive on 12-22-35 Death is said to have occurred on the date stated above, at 5.30 m. AM

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Over Two Years

Other contributory causes of importance:

Hypostatic Pneumonia — 12-19-35

Was an operation performed? No Date of No

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Fred Fetter M. D.

(Address) 910 N Fulton Ave

D. P. 1265-9

18853 HEALTH DEPARTMENT—CITY OF BALTIMORE 18853

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 Winchester St., 16 Ward)

Length of residence in city or town where death occurred 81 yrs. 9 mos. 2 dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine A. Elliot

(2) Residence: No. 2728 Winchester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced HUSBAND (or) WIFE of the late Robert O Elliot

6. DATE OF BIRTH (month, day, year) March 20-1854

7. AGE: Years 81 | Months 9 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): A.O.?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Robert Philpot

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mona Bonnel

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Mrs Edward M^c Cann

(Address) 2728 Winchester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary, Date 12/26/ 1935

19. UNDERTAKER: John J Conway Jr

(Address) 901 Fulton St

20. FILED . 19 . Registrar.

DEC 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/ 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to Dec. 22, 1935

I last saw her alive on Dec. 21 1935 Death is said to have occurred on the date stated above, at 7^30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular - renal Disease	Few years

Other contributory causes of importance:

Possible Ovarian Cyst	?

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Susoman M. D.

(Address) 2340 Eutaw Place

18854 ✓ F 18854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 265-S-Hilton St. ST., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stella Caroline Green

(a) RESIDENCE NO. 265-S-Hilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis H Green

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md.

PARENTS

10 NAME OF FATHER Frank Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Violet Peterson 636-Eastern Ave

15 Filed DEC 21 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-21-1935

17 I HEREBY CERTIFY, That I attended deceased from 12/19/1935 to 12/21/1935

that I last saw her alive on 12/21/35, 19

and that death occurred, on the date stated above, at 4-40 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 3 days

Cardio vascular renal disease (duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. L. Jackson M. D.

12/23/35 (Address) 605 Washington Blvd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Stus

DATE OF BURIAL 12-24-1935

20 UNDERTAKER James Astuzzo

ADDRESS 142 W Mad St

TION is very important. See instructions on

18855
30 6 940

✓ F 18855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME George Young

(a) Residence: No. 717 N. Cross St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/30 6

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
24	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Charles Young MD
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Annie Boyer MD
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 25 19

19. UNDERTAKER James A Hayes
(Address) 142 W Pratt

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1931, to Dec. 22, 1931
I last saw him alive on Dec 22, 1931. Death is said to have occurred on the date stated above, at 2.35 p.m.

The principal cause of death and related causes of importance were as follows:
Lung abscess from Bacillus influenzae of r middle & lower lobs.
Date of onset March 1931

Other contributory causes of importance:

Was an operation performed? yes Date of 1931
For what disease or injury? Empyema
Name of operation Rib resection Date of 1931
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Joseph T. Ladieu Jr. M. D.
(Address) Johns Hopkins Hospital

F 18856

18856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Wright

(a) Residence: No. 1230 E. Monument st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Wright

6. DATE OF BIRTH (month, day, year) Feb. 6, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Wright
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Wright
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/24/35

19. UNDERTAKER Robert W. Killiam
(Address) 15-15 McElderry St

20. FILED ..... 19..... Registrar.

24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1934 to Dec. 19, 1935
I last saw h. im alive on Dec. 19, 1935 Death is said to have occurred on the date stated above, at 7.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Two years (1933)

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karsner, M. D.
(Address) Baltimore City Hospitals

18857 ✓ F 18857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillian Mutter

(a) Residence: No. 824 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Mutter

6. DATE OF BIRTH (month, day, year) March 6 90

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md. U.S.A.

FATHER

13. NAME Jacob Stephney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eva Dennis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles Mutter
(Address) 824 N. Carey

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/24, 1935

19. UNDERTAKER Samp. H. Chambers
(Address) 638 N. Calvert

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1935, to 12-22, 1935

I last saw her alive on 12-22, 1935. Death is said to have occurred on the date stated above, at 12¼ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute congestive heart failure	12-20-35
Hypertensive cardio renal	Jan. '35
Other contributory causes of importance: Disease Malignant hypertension.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. P. Jackson M. D.

(Address) 600 N. Arlington

F 18858

M. D. B 1265-9

F 18858 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals / 5 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wilbert Dorgan

(a) Residence No. 1341 N. Strieker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Sept. 26, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 2	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Rufus Dorgan

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Mary Downs

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Mrs. Rufus Dorgan

(Address) 1341 N. Strieker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/24, 1935

19. UNDERTAKER Earl W. Tisdale & Son

(Address) 608 N. Milton Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH 1305

21. DATE OF DEATH (month, day, year) Dec 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright Coroner M. D.

(Address) 1010 S. Eutaw

M. D. B 1268-9

F 18859

F 18859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mildred Thomas

(a) Residence: No. 931 Lincoln Place St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Simmon Thomas

14. BIRTHPLACE (city or town) Mullins
(State or country) S.C.

MOTHER

15. MAIDEN NAME Mildred Hill

16. BIRTHPLACE (city or town) Balto.
(State or country) Md

17. INFORMANT Simmon Thomas
(Address) 931 Lincoln Place

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemet. Date Dec 27 1935

19. UNDERTAKER Elbert D. Wynn
(Address) 1638 Lanvale

20. FILED ..... 19 ..... Registrar

DEC 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	

Other contributory causes of importance:

Peritonitis

Was an operation performed? Yes Date of Dec 21-35

For what disease or injury? Ruptured Appendix

Name of operation Appendectomy Date of ..... 19..

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schnepfe, M. D.
Coroner

(Address) 1919 E. North Ave

F 18860

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18860

CERTIFICATE OF DEATH

95-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Johnson.

(a) Residence: No. 121 Bradley St., 821 Bradley Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~Jan~~ July 3, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Jan 1st 35

19. UNDERTAKER Bernard J. Keveney

(Address) 818 2 nd St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1935, to Dec 22, 1935

I last saw ~~him~~ alive on Dec. 22, 1935. Death is said to have occurred on the date stated above, at 12 55 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	Unknown
Arteriosclerosis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santilla, M. D.

(Address) Baltimore City Hospitals

Sloma

✓ F 18861

M. D. B 1268-9

F 18861 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 Chilton St. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 7 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna F. Sloma

(a) Residence: No. 621 Chilton St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Sloma

6. DATE OF BIRTH (month, day, year) October 12, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME Charles Cerbins

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Mary Legdan

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Frank Sloma

(Address) 621 Chilton St.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Date Dec 26 1935

19. UNDERTAKER Frank Enoch & Son

(Address) 1101 East Lanvale

20. FILED Dec 26 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or, Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schaefer, M. D. Coroner

(Address) 1112 E. North Ave.

F 18862 ✓ F 18862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Fox

(a) Residence: No. 2016 Sparks Court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Fox

6. DATE OF BIRTH (month, day, year) May 17, 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Matthew Fox

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Stella Karck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records, B. C. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Dec 21, 1935

19. UNDERTAKER Math. F. & E. Dippel
(Address) 37 S. Carey St

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/20/35, 19..., to 12/23, 1935

I last saw h alive on 12/23/35, 19... Death is said to have occurred on the date stated above, at 2 50 p.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease (?) mitral stenosis & insufficiency & auricular fibrillation.

Date of onset ?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Tobias Weinberg, M. D.

(Address) Balto. City Hosp.

VS 3

F 18863

F 18863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Edmondson Ave St., 27th Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 27 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kate Kraner

(a) Residence: No. 3401 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mauro

6. DATE OF BIRTH (month, day, year) 9-15-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	47	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solonon Bunchez

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena Vara

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mauro Kraner

(Address) 3401 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12-24 1935

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1935 to December 23 1935

I last saw he alive on December 23, 1935 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12-20-35
Other contributory causes of importance:	
Mitral Stenosis	1933
Chronic Myocarditis	1933

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Miller M. D.

(Address) 1613 E Baltimore St

H. D. B 1268-9

F 18864

HEALTH DEPARTMENT—CITY OF BALTIMORE

3864

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 255 S. Dallas St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Cornish

(a) Residence: No. 255 S. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome Cornish

6. DATE OF BIRTH (month, day, year) Dec 25 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Joseph H Cornish

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) St Catherine (State or country) Canada

17. INFORMANT Jerome Cornish (Address) 255 S. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary. Date Dec 31. 1935

19. UNDERTAKER Middleton & Son (Address) 1465 Edmondson Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Pneumonia	

Other contributory causes of importance:

Probably Chronic nephritis

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address) 810 S. Broadway

F 18865

5-902

18865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-a-159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 49 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby McNeil

(a) Residence No. 1006 E Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 24th 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	49	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Floyd McNeil

14. BIRTHPLACE (City or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Clara McNeil

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Dec 24. 1935

19. UNDERTAKER Thos. Fitzpatrick & Billig Vaughn
(Address) 1129 Eutaw Pl.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1935 to Dec 21 1935

I last saw him alive on Dec 21, 1935 Death is said to have occurred on the date stated above, at 330 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis - atresia coecum	12/1
Septicemia	12/13

Other contributory causes of importance:

Prematurity

Congenital Syphilis

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Bacteriological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Snyder M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 18866

18866 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 N. Charles St., 17 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Hughes

(a) Residence: No. 2021 N. Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victor Hugo

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Apollo, Pennsa

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Lee F. McDonald

(Address) 2021 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 23, 19 35

19. UNDERTAKER Albert W. Berenzy

(Address) 340 E. North Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Long

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Wm. F. Lyden Coroner, M. D.

(Address) Coroner's

OCCUPATION is very important. See that it is filled out.

Use

M. D. B. 1268-a

F 18867

18867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Col. Methodist Aged Home 5

CITY OF BALTIMORE: (No. 207 Aisquith St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah B. Gordon

(a) Residence: No. 207 Aisquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Sarah Bostons

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT V. O. Stewart

(Address) 1326 Hemstead Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date 12-24-1935

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Belnord Ave

20. FILED DEC 24 1935, 19 Registrar.

OCCUPATION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-2-1935 to 12-22-1935

I last saw her alive on 12-20-1935 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvulitis — Date of onset unknown

Other contributory causes of importance:

Arterio-sclerosis — unknown

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) [illegible] Georgia, M. D.

(Address) 611 N Carolina

F 18868

18868 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X✓ 82-W

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

Length of residence in city or town where death occurred 5 yrs., ... mos., 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Rossing

(a) Residence: No. Parkville, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. Rossing

6. DATE OF BIRTH (month, day, year) March 1, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N, W. 60?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Krespiger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Rossing
(Address) 2643 Woodard Road

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 26 .. 1935

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19 ..... Registrar

DEC 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23 1935

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1935 to December 23, 1935.
I last saw her alive on December 23 1935. Death is said to have occurred on the date stated above, at 2.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis (cerebral)	
2. Pyelitis + cystitis	
3. Apoplexy	12-21-35

Other contributory causes of importance:

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, when? .....

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

F 18869

M. D. B 1268-9

F 18869 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Hildebrandt If U. S. Veteran specify WAR

(a) Residence No. 106 Hilton Ave., Catonsville Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth May Hildebrandt

6. DATE OF BIRTH (month, day, year) May 16, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice Pres. Hopkins Place

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME Chas. H.E.Hildebrandt

FATHER

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary. C.Wahn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT J.L.Hildebrandt (Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Date 12/24/31 19

19. UNDERTAKER Easton Sons (Address) Main St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1931 19

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. K. Hagner M. D. Coroner

(Address) 2357 N. Fre

8870

F 18870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Dacto City Hospital St., 24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Fogler

(a) Residence: No. 47 Trendale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 18 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dacto Maryland

FATHER

13. NAME Edgar Fogler

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Allen

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 12/24 .35

19. UNDERTAKER J. J. Fahey & Son
(Address) 1118 Light St

Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20 .1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 .1935 to Dec 20 .1935

I last saw her alive on Dec 20 .1935. Death is said to have occurred on the date stated above, at 10:15 a m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Breanna Sleeper M. D.

(Address) Dacto City Hospital

M. D. B. 1268-a

18871

F 18871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Cold Spring Lane St.) (Ward) 7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose May Barnes — No War Record

(a) Residence: No. 801 Cold Spring Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Herbert D. Barnes

6. DATE OF BIRTH (month, day, year) Oct 7th 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME James W. Atkinson

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Laura V. Chalmers

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Herbert D. Barnes
(Address) 801 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 26th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2 1930 to December 23 1935

I last saw him alive on Dec. 23 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chr. Int. Nephritis	"
Chron. Myocarditis	"
Other contributory causes of importance:	
Cerebral Hemorrhage	1935

Name of operation ... Date of ...

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. W. Bishop, M. D.

(Address) 501 Cherbasco

F 18872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18872

✓ 131

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emilia Mc Bride

(a) Residence: No. 1200 - Valley St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1853-4

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Nicholas Mc Bride

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Atkinson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sister Stanislaus, Supr.
(Address) Little Sisters of the Poor 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cath. Date 12/26 1933

19. UNDERTAKER J. McCabe
(Address) 1212 E. Fayette St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 24 December 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, 19 ..., to Dec 24, 1933

I last saw her alive on Dec 22, 1933. Death is said to have occurred on the date stated above, at 5:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	?
Other contributory causes of importance: Arteriosclerosis	?
Chr Endocarditis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louise Cahn, M. D.

(Address) 111 E Madison

OCCUPATION [illegible]

AaCo. 5-31 250B

18873 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 18873

✓ 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 13 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Hattie McKown — No War Record

(a) Residence: No. 2541 Pennsylvania Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Samuel L. McKown

6. DATE OF BIRTH (month, day, year) Oct 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Lewis A. Shelbourne

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Nellie Cook

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Samuel L. McKown
(Address) 2541 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 26 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

OCCUPATIONS is by important

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, ..., 1935, to Dec. 24, 1935

I last saw her alive on Dec. 24, 1935 death is said to have occurred on the date stated above, at 5.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	12-20-35
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John Duer Moores, M. D.

(Address) Franklin Square Hosp.

Dr Reese

F 18874 F 18874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N. Broadway St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? 14 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Rosa Bunkar

(a) Residence: No. 27 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Berel

6. DATE OF BIRTH (month, day, year): 1870

7. AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Sail

14. BIRTHPLACE (city or town) (State or country): R

MOTHER

15. MAIDEN NAME: Sarah Faga

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Harris Bunkar

(Address) 2914 Eastwood ave

18. BURIAL, CREMATION, OR REMOVAL: Place Levering Cem. Date 12-25-35 19

19. UNDERTAKER: Jos Louis Lee

(Address) 1439 E. Balto st

20. FILED, ... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-24- 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1934, to Dec 24. 1935

I last saw h alive on Dec 24. 1935. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoplasm of right lung	14 mos
9th dorsal and 3rd lumbar vertebrae	5 mos
Other contributory causes of importance:	
Myocardial degeneration	3 mos
Marked Secondary Anemia	6 ..

Was an operation performed? yes Date of 1929

For what disease or injury? Carcinoma of right mamma

Name of operation Complete mamm[illegible] Date of 1929

What test confirmed diagnosis? Histology Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) G. F. Reese M. D.

(Address) 24 E Dreng

B. D. P. 1268-9

F 18875

18875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 166

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Found off Fort McHenry. St., 15 Ward)

Length of residence in city or town where death occurred 37 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Carroll Arnold.

(a) Residence: No. 1811 Presbury St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 19, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard Arnold.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Laura Tanner.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Louis F. Arnold. (brother)
(Address) 5300 Brabant Rd.

18. BURIAL, CREMATION, OR REMOVAL
SANDY MOUNT CEM. Date 12-26 1935
CARROLL Co.

19. UNDERTAKER Bernard C. Harlow
(Address) 121 E. West St

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing November 21, 1935 Found December 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning, suicide.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M. Reinhardt, M. D.
Coroner

12/24/35 (Address) 1017 E. Charles st.

18876 F 18876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles J. Hiltner

(a) Residence: No. 1646 West North Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE) Florence Hiltner

6. DATE OF BIRTH (month, day, year) May 21, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Hiltner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Yontz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Florence Hiltner

(Address) 1646 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cath. Cem. Date Dec 26, 1935

19. UNDERTAKER Metzger Funeral Home

(Address) 1121 N. Eutaw St.

20. FILED ..... 19 ..... Registrar

1411

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1935 to December 23, 1935

I last saw him alive on December 23 1935 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Inguinal hernia - right Strangulated ventral hernia	
2. Acute appendicitis	
3. Cellulitis abdominal wall	

Other contributory causes of importance:

1. Arteriosclerosis
2. Chronic myocarditis

Was an operation performed? yes Date of 11-14-35

For what disease or injury? strangulated hernia

Name of operation hernia Plasty + appendectomy

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If yes, specify .....

(Signed) E. M. Rosenwellner, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

OCCUPATION

VS 3

F 18877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leroy Geist

(a) Residence: No. Sparks Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Geist

6. DATE OF BIRTH (month, day, year) April 21 1885

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	8.	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME John E Geist

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Sarah Abshurst

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT H. H. Geist (Address) Kippco Md

18. BURIAL, CREMATION, OR REMOVAL Place Geist Mortuary Home Date Dec 27 1935

19. UNDERTAKER (Address) J. F. Eline & Son Westminster Md

20. FILED ..... 19 ..... Registrar.

OCCUPATION IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/9 1935 to 12/24 1935

I last saw h.. alive on 12/24 1935 Death is said to have occurred on the date stated above, at 10:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease (Essential Hypertension)	1934

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C H Reier M. D.

(Address) University Hosp.

AACo 5-31 250B

18878

HEALTH DEPARTMENT—CITY OF BALTIMORE

18878

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Patapsco St. 23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos. ..... ds.

2. FULL NAME John Clements Wess

(a) Residence: No. 1307 Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan 21st 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2017

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Constant Wess

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna M. Minch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Frank J. Wess

(Address) 1307 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls, Wilkens Ave | 19 | 7/6 | 35

19. UNDERTAKER Theo Walter & Son

(Address) 2500 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/9/34, 19..., to 12/24, 1935

I last saw him alive on 12/23, 1935 death is said to have occurred on the date stated above, at 12:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial Endocarditis	October 1935
(Other contributory causes of importance:)	
Uremia (Chronic)	12/1/35
Congestive pneumonia	12/20/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Isaac Walter, M. D.

(Address) 1225 Charles St

F 18879

18879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5408 Tramore Road St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Mary Kelly

(a) Residence: No. 5408 Tramore Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 29, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Timothy A. Kelly

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Sophia A. Kaufmann

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mildred Richardson
(Address) 4913 Morella Road

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec. 26/35

19. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford Road.

20. FILED ..... 19 .. Registrar

OCCUPATION IS ONLY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1935 to Dec 21 1935

I last saw her alive on Dec 21. 1935 Death is said to have occurred on the date stated above, at 1166 P m.

The principal cause of death and related causes of importance were as follows:

Cardiac Thrombosis — Duration 18 days

Other contributory causes of importance:

Colon Carcinoma — 3/4 yrs
Bronchitis — 2 wks

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. F. Kaufmann M. D.

(Address) 1 E. Read St.

F 18880 F 18880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 83

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 1 Ward) 6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Durham

If U. S. Veteran specify WAR

(a) Residence: No. Belair, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Biggie Durham

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) Sept. 1935.

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME William Durham (Deceased)

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Matilda Lowe (Deceased)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sidney Durham (Address) Belair Md.

18. BURIAL, CREMATION, OR REMOVAL Place Old Baptist Date Dec 28 35

19. UNDERTAKER Vandegrift Bros. (Address) Bel Air, Md.

20. FILED . . 19 Registrar

OCCUPATION IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1935, to Dec. 25, 1935.

I last saw him alive on Dec. 25, 1935. Death is said to have occurred on the date stated above, at 8:30 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis	unknown
Other contributory causes of importance:	
arterio-sclerosis	10-15 yrs ago

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Cotter, M. D.

(Address) University Hospital

A&Co. 5-11-2M

18881

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18881

CERTIFICATE OF DEATH

V X 82a

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 917 S Caton st St. 7 Ward)

Length of residence in city or town where death occurred ~ yrs. ~ mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lulu T Lowman Ewer

(a) Residence: No. 208 Baker Ave St., Towson 2nd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J Ewer

6. DATE OF BIRTH (month, day, year) Mar 9 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newton
(State or country) Balto Co, Md

FATHER

13. NAME Thomas N Bull

14. BIRTHPLACE (city or town) Newton
(State or country) Balto Co, Md

MOTHER

15. MAIDEN NAME Elizabeth Hobbs

16. BIRTHPLACE (city or town) Lutherville
(State or country) Balto Co Md

17. INFORMANT Mrs Laura Evans
(Address) Catonsville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Dec 30, 1935

19. UNDERTAKER Wm C Burke & Son
(Address) Towson, Md

20. FILED Dec 31 1935 Registrar.

OCCUPATION is very important. Be specific.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1935, to Dec 26, 1935

I last saw h[illegible] alive on Dec 23 1935 death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/30/35

Other contributory causes of importance:

Acute Myocarditis	12/24/35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Horace P. Nelson, M. D.

(Address) 315 E. Pennsylvania Ave

F 18882 ✓ F 18882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 Landsdhr St., Ward) Lane

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Duncan

If U. S. Veteran specify WAR None

(a) Residence: No. 138 Landsdhr Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

5. ~~Single, Married,~~ Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Andrew J Duncan

6. DATE OF BIRTH (month, day, year): Aug-11-1846

7. AGE: Years 89 | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER

13. NAME: William Milne Duncan

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Christinina Jarvie

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: William M. Duncan

(Address) 138 Landsdhr Lane

18. BURIAL, CREMATION, OR REMOVAL: Phila-Pa

Place Fernwood Cem. Date 12/27, 1935

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

20. FILED ..... 19..... Registrar.

DEC 26 1935

OCCUPATION is very important. Be specific.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 11th, 1935, to Dec 25-35, 19.. last saw h.. alive on Dec 25-35. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Breast	1 yr

Other contributory causes of importance:

Senile Metro. Dementia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bus V McCarty, M. D.

(Address) 400 N Payson

18883 F 18883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Belle Ave 15 Ward)

Registered No. 9448

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mortimer W. West

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4005 Belle Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Jane L. West

6. DATE OF BIRTH (month, day, year) Aug 11th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER | FATHER

13. NAME Solithia M. West

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Emma R. Adams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jane L. West

(Address) 4005 Belle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Dec 27th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] Registrar

OCCUPATION is very important

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1935 to Dec 23 1935

I last saw h~~e~~r alive on Dec 23 1935. Death is said to have occurred on the date stated above, at 2, p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	12 yrs
	48

Other contributory causes of importance:

Fatty Blood Degeneration, Hardening of Arteries

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Hazell M. D.

(Address) 744 E. Fairmount Blvd

C 26 1935

18884 ✓ F 18884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hosp St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dolores Beyerlandt. If U. S. Veteran specify WAR No Record
(a) Residence: No. 817 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 28 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Frederick Beyerlandt
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Dorothy Andrews
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother
(Address) 817 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 27 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

DEC 28 1935 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-28-, 1935 to Dec. 25-, 1935
I last saw her alive on Dec. 25-, 1935 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Pylonic Stenosis with Fibrous band at Pylorus — 2 mos

Other contributory causes of importance:
Bronchopneumonia Acute media — 2 wks

Was an operation performed? yes Date of Oct 30, Nov 27, 1935
For what disease or injury? Pylonic Stenosis, Oct 30, 1935
Name of operation Rammstedt's Date of Nov 27-35
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Murray Hitstein M. D.
(Address) Mercy Hosp

F 18885 ✓ F 18885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Elden Waters

If U. S. Veteran specify WAR .....

(a) Residence: No. 1421 Pennsylvania av Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhemina Waters

6. DATE OF BIRTH (month, day, year) Dec 15, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Delaware

FATHER

13. NAME Elden Waters

14. BIRTHPLACE (city or town) (State or country) ? Delaware

MOTHER

15. MAIDEN NAME Helen Hate

16. BIRTHPLACE (city or town) (State or country) ? Delaware

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Dover Del 12/26/35

Date

19. UNDERTAKER Berry & Kenney

(Address) 618 E Fayette St

20. FILED ..... 19 .....

Registrar

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-18 1935 to 12-23 1935

I last saw him alive on 12-23 1935 Death is said to have occurred on the date stated above, at 4 32 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Appendicitis with Perforation	5 days
Other contributory causes of importance: Peritonitis, generalized	3 days

Was an operation performed? yes Date of 12-18-35

For what disease or injury? Acute appendicitis

Name of operation Appendectomy Date of 12-18-35

What test confirmed diagnosis? Gross & Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Robt. F. Martin M. D.

(Address) Balto City Hospt

F 18886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Betty Holmes

(a) Residence: No. 126 W. 23rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Holmes

7. DATE OF BIRTH (month, day, year) 11-9-1885

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? dop

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Va

FATHER

13. NAME Joseph Conway

14. BIRTHPLACE (city or town) (State or country) ? Va

MOTHER

15. MAIDEN NAME Susanna (?)

16. BIRTHPLACE (city or town) (State or country) (?) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date Dec 26? 1935

19. UNDERTAKER Crutchfield & Gadsby
(Address) 2151 W. Lanvale St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1935 to 12-22 1935

I last saw her alive on 12-22 1935 Death is said to have occurred on the date stated above, at 6.40 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix with metastases to abdominal lymph glands	2
Intestine, and Pulmonary	0
Peritonitis	30 d

Other contributory causes of importance

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ..... Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt. F. Martin, M. D.

(Address) Balto City Hospt.

OCCUPATION is very important. Be sure it is entered.

18887 ✓ F 18887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Klacek.

(a) Residence: No. 1409 Reynolds St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
17	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Stanislaw Klacek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rozalia Kalinska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislaw Klacek

(Address) 1409 Reynolds St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 27, 1935

19. UNDERTAKER F. W. Krazewski

(Address) 1930 Eastern Ave.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23/35 19

22. I HEREBY CERTIFY, That I attended deceased from 9/12/35, 19, to 12/23/35, 19

I last saw h. alive on 12/23/35 19. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Abscess.	
Abscess of Tooth.	
Left Antrum of Infection	
Osteomyelitis of skull.	
Other contributory causes of importance	
Meningetis.	

Was an operation performed? Yes Date of

For what disease or injury? (Over)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Hoven Albertson M. D.

(Address) University Hospital

OCCUPATION is very important.

No. F 18888

F 18888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

H6-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen'l Hosp St., (Ward) 20

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? 29 yrs. mos. ds.

2. FULL NAME Fredya Birgil (FRIEDA BIRGEL)

(a) Residence: No. 2032 W Lekens Ave St., 647 S. Pulaski St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adolph Birgel

6. DATE OF BIRTH (month, day, year) May 8. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Alexander Schaeffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Zimmat

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Otto Birgel (Son)

(Address) 439 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Dec. 28. 1935

Place Date 19

HENRY SANDER & SONS. INC.

19. UNDERTAKER Baltimore & Broadway.

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/19 1935 to 12/25 1935

I last saw h alive on 12/23 1935 Death is said to have occurred on the date stated above, at 3 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular disease	

Other contributory causes of importance:

Cerebral Hemorrhage. Lemmal Pneumonia Carcinoma of Stomach (?)

Name of operation Gastro Enterostomy Date of 12/19

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Lewis M. D.

(Address) W B. 9. ★

OCCUPATION is very important. See instructions on back.

F 18889

18889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert J. Ball

(a) Residence: No. 518 S. Luzerne St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kunigunda Ball

6. DATE OF BIRTH (month, day, year) Oct. 29, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Courthouse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation 12yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Rob. J. Ball Sr

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Shul

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. K. Ball (Wife)
(Address) 518 S. Luzerne St.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date Dec. 26. 1935

19. UNDERTAKER HENRY SANDER & SONS, INC. Baltimore & Broadway.
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1935. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 2757 W. North Ave.

Use black ink. State OCCUPATION in very important. See instructions on back.

AdCo. 5-31 250B

F 18890 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18890

CERTIFICATE OF DEATH

133

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. (St.) 19 (Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie ~~Carolyn~~ Fox

(a) Residence: No. 1604 Lemmon St., 19th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Geo. Married

6. DATE OF BIRTH (month, day, year) April 6th 1873

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62 yrs	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Walter Elder

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Carrie Elder

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT William L. Fox
(Address) 1604 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Dec 26th 1935

19. UNDERTAKER A. Jones
(Address) 1140 Gilmor st

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1935 to Dec 23, 1935

I last saw h[illegible] alive on Dec 23 1935 death is said to have occurred on the date stated above, at 11:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal abscess	9-35

Other contributory causes of importance:

Name of operation Incision & drainage Date of 11-5-35

What test confirmed diagnosis? Clin. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. Ener Mooney, M. D.
(Address) Franklin Square Hosp.

F 18891

F 18891 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

34-94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Banks

(a) Residence: No. 15 W. Hughes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-15-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) (?) Va

FATHER

13. NAME John Banks

14. BIRTHPLACE (city or town) (State or country) ? Va

MOTHER

15. MAIDEN NAME Martha (?)

16. BIRTHPLACE (city or town) (State or country) (?) Va

17. INFORMANT Balto City Hospt.
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Auburn Ave Date Dec 26 1935

19. UNDERTAKER James Adams
(Address) 1412 Monroe St

20. FILED 19 Registrar

DEC 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-4 1935 to 12-13 1935

I last saw him alive on 12-12 1935 Death is said to have occurred on the date stated above, at 7 55 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis (?)	

Other contributory causes of importance: None

Was an operation performed? Yes Date of 11-4-35

For what disease or injury? Exploratory - Nothing abnormal found

Name of operation Exploratory Laparotomy Date of 11-4-35

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. F. Manly M. D.

(Address) Balto City Hosp

OCCUPATION IS NOT COMPULSORY

F 18892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Blackestone

(a) Residence: No. 4 1/2 Rd. Towson St. Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/27/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Walter Blackestone

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louisa Green

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Friends

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec 26th 1933

19. UNDERTAKER Mr. Robert A. Elliott

(Address) 1129 Caroline St.

20. FILED ——— 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1933 to Dec 23, 1933

I last saw him alive on Dec 23, 1933. Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	about Dec 13

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lyle B Edwards, M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on reverse side.

M. D. B. 1268-9

18893

F 18893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1013 S Sharp St. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Kaffenberger.

(a) Residence: No. 1013 S Sharp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob C. Kaffenberger.

6. DATE OF BIRTH (month, day, year) Oct. 23/1866.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Albert.

14. BIRTHPLACE (city or town) (State or country) Germy

MOTHER

15. MAIDEN NAME Catherine Schelt.

16. BIRTHPLACE (city or town) (State or country) germy.

17. INFORMANT Helen Scott.
(Address) 1013 S Sharp St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md. Date Dec 28th, 1935

19. UNDERTAKER E. Schloman & Son
(Address) 1839 Hanover St

20. FILED ..... 19..... Registrar.

State CAUSE OF DEATH in plain words. OCCUPATION is very important. See instructions on back of certificate.

V 8 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1935 to Dec. 24, 1935

I last saw her alive on Dec. 24, 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Indefinite
Other contributory causes of importance:	
Exhaustion	12/22/35

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

12/25/35 (Signed) R. C. K. Campbell M. D.

(Address) 1644 Hanover St

F 18894 ✓ F 18894

HEALTH DEPARTMENT—CITY OF BALTIMORE 18894

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Mc Mechen St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jesse Stokes

(a) Residence: No. 539 Mc Mechen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Stokes

6. DATE OF BIRTH (month, day, year) 3-20-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Ridgley Md.

FATHER

13. NAME Robert E. Stokes

14. BIRTHPLACE (city or town) (State or country) Ridgley Md.

MOTHER

15. MAIDEN NAME Annie Johnson

16. BIRTHPLACE (city or town) (State or country) Ridgley Md.

17. INFORMANT Mamie Stokes (wife)
(Address) 539 Mc. Mechen St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date 12-26 1935

19. UNDERTAKER Chas E Cooper
(Address) 514 W. Calhoun St

20. FILED 19 Registrar

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1935, to Dec 22, 1935

I last saw him alive on Dec 22, 1935. Death is said to have occurred on the date stated above, at 4.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance: Hypertension	

Was an operation performed? no Date of

For what disease or injury? no

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Thos Boyle M. D.

(Address) 145 W Fayette St

M. D. B 1268-9

✓ F 18895

F 18895 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Etting St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Abraham Bates

(a) Residence: No. 1707 Etting St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet E.

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

FATHER

13. NAME Hector Bates

14. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

17. INFORMANT Etta Bates

(Address) 1707 Etting St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Dec 26 1935

19. UNDERTAKER Adolph Waldstreicher

(Address) 1710 Pennsylvania Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above, about 2 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

State cause of death clearly. OCCUPATION is very important. See instructions on back.

F 18896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18896

CERTIFICATE OF DEATH

93-c

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Maryland General Hospital 24 Ward)

2-FULL NAME Charles F. Hogland.

(a) RESIDENCE NO. 1205 Sunwalk Court. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Hogland

6 DATE OF BIRTH (month, day, and year) June 5th 1870

7 AGE Years	Months	Days	IF LESS than 1 day hrs or min.
65	6	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman on.
(b) General nature of industry, business, or establishment in which employed (or employer) thy Dredge.
(c) Name of employer Arundel Corporation

9 BIRTHPLACE (city or town) (State or country) Boston. Mass.

PARENTS

10 NAME OF FATHER Not known.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. Nellie Hogland.
(Address) 1205 Sunwalk Court.

15 Filed ___ ___ 19 ___ Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24th 35

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest and autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (autopsy, inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above. 3:40 P.m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Hann, M. D.

. 19 (Address) 1215 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet. Cem.

DATE OF BURIAL 12-27th-1935

20 UNDERTAKER Bernard C. Harke.

ADDRESS 121 E. West St

F 18897

F 18897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1937 Maisel St., 75 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John F. Larkin

(a) Residence: No. 1937 Maisel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mary E. Bryan Larkin

6. DATE OF BIRTH (month, day, year): Oct 6 1862

7. AGE: Years 73 | Months 2 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Smoke Fish Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 10 35

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

FATHER

13. NAME: John L. Larkin

14. BIRTHPLACE (city or town) (State or country): N.J.

MOTHER

15. MAIDEN NAME: Ann Larkin

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mary Larkin 1937 Maisel Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: 12/27 1935

19. UNDERTAKER (Address): Margaret E Flynn 1722 Eutaw Pl

20. FILED ... 19 ... Registrar

12/26/1935

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/25 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935 to Dec 24 1935

I last saw h alive on Dec 24 1935 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic) — Date of onset: Few years

Contributory

Other contributory causes of importance:

Pulmonary Congestion

Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Finding Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J Lars M. D.

(Address) 1112 Washington Blvd

F 18898

F 18898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 84-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Lawrence

(a) Residence: No. 909 Arlington av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) July 18-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

13. NAME Lewis Edwards

FATHER

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Elvira Holland

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Friends—
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Suffolk Va Date Dec. 26 1935

19. UNDERTAKER Edward Bryan
(Address) 1647 Ellamont st

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1935 to Dec 23 1935

I last saw her alive on Dec 23 1935 Death is said to have occurred on the date stated above, at 2 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute otitis media, right	Dec. 17. 35
Pneumococcus meningitis	Dec. 21. 35
Pneumococcus Septicemia	Dec. 21. 35

Other contributory cause of importance:

acute otitis media & mastoiditis	Dec 17. 35

Was an operation performed? ✓ Date of Dec. 21. 1935

For what disease or injury? acute Mastoiditis

Name of operation Mastoidectomy, right Date of Dec. 21

What test confirmed diagnosis? Surgical Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dunaway G. Babb. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in such terms that a medical man can code it. OCCUPATION is very important. See instructions on back.

DEC 26 1935

F 18899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie J. Bruns

If U. S. Veteran specify WAR

(a) Residence: No. 2308 Callow Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 10, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John H. Winkelman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Weaver

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eugene W. Bruns

(Address) 634 Dunkirk Rd.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Date Dec 27, 1935

19. UNDERTAKER Chas. F. Black

(Address) 1112 W. North Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Cochran M. D.

(Address) 767 N. Gilmor St.

State CAUSE OF DEATH in every case. OCCUPATION is very important. See instructions on back of certificate.

956

F 18900

M. D. P. 1268-9

F 18900 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Minnie Baddock

(a) Residence: No. 1714 Ruxton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hyman Baddock

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Pinn Archstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minyne ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Hyman Baddock
(Address) 1714 Ruxton Ave

18. BURIAL, CREMATION, OR REMOVAL Helen Rosedale Date 12/26/35 19

19. UNDERTAKER Jack Levin Inc
(Address) 1437 E. Baltimore St

20. FILED 19 Registrar.

DEC 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/35 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 19 35 to Dec. 20 19 35

I last saw h Dr alive on Dec. 23 19 35 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Arteriosclerotic Cardiovascular Renal Disease

Name of operation Date of

What test confirmed diagnosis Sputum & Blood Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin M. D.

(Address) W. B. & C. R.R.

State cause, etc., as is very important. See instructions on back of OCCUPATION

F 18901

M. D. B 1268-9

F 18901 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (St.) (Ward)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HYMAN M. BRILLIANT

If U. S Veteran specify WAR .....

(a) Residence: No. 2036 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 21 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditing Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 Mo's

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Louis Brilliant

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Kramer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Brilliant (Mother)

(Address) 2036 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Hebrew Rem. Date 12-26- 1935

19. UNDERTAKER Jack Levin Inc

(Address) 1429 E. Balto. St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Liver	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 12-25 1935

Where did injury occur? Broadway between E. Balto. St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street.

Manner of injury Pistol Shot.

Nature of injury Bullet Wound of Liver

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. North Ave.

State cause of death in detail. See instructions on BACK OF CERTIFICATE. OCCUPATION is very important.

Use

E0 20 1035

M. D. B. 1268

F 18902

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18902

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Linwood St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 76 yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Sandler

U. S. Veteran (specify WAR .....)

(a) Residence: No. 1422 E. Balto St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Meyer

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Morris Israel Meyerowitz

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Celia Rishin

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Reuben Sandler

(Address) 33 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Henry's Rest Date 12/26/35, 19

19. UNDERTAKER: Jos. Levin Inc

(Address) 1439 E. Balto St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26/35 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schwartz, M. D.

Coroner

(Address) 1112 E. Lombard

State cause of death, and if from violence state whether accidental, suicidal or homicidal. OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. B 1268-9

18903 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 18903

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Philadelphia Rd. & Bowley Lane. St., 19th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Harry Ader. or Eder changed 1/29/36 Otto M Reinhardt

(a) Residence: No. 1302 Scheeler. Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 15, 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto. mechanic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md- County

MOTHER FATHER

13. NAME Leonard Ader.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Clara A. Maurer.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT William Tolzman. (brother)

(Address) 1302 Scheeler Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Jos. Luth. Cem Date Dec. 27. 1935

19. UNDERTAKER Fredk Lazarus + Son

(Address) 1401 Belair Rd.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Base of Skull	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Dec 24 1935

Where did injury occur? Philadelphia Rd & Bowley Lane

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck & Knocked down by auto while in the street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M Reinhardt M. D.

12/26/35 (Address) 1017 N. Charles St. Coroner

OCCUPATION is very important. Be particular.

F 18904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 18904

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles L. Mr. Earl Knitter - Jr.

If U. S. Veteran specify WAR

(a) Residence: No. Chincoteague - Va St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Consuela

6. DATE OF BIRTH (month, day, year) 6/2/1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Carl Knitter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eda White

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Texas -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Irvington N.Y. Date Dec 26 1935

19. UNDERTAKER Arno Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1935 to Dec 25 1935

I last saw him alive on Dec. 25 1935 Death is said to have occurred on the date stated above, at 5:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, acoustic neuroma, benign	1922
Other contributory causes of importance: Lobular pneumonia, postoperative	

Was an operation performed? Yes Date of 12/19/35

For what disease or injury?

Name of operation Cerebellar approach Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

MP. B 18905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 173 F 18905

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. FRANKLIN SQUARE HOSP. St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME DAVID KONIG

If U. S. Veteran specify WAR .....

(a) Residence: No. 1206 Harlem Ave., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Konig

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Konig

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Chassia —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Konig (Wife)

(Address) 1206 Harlem Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt. Carmel Date 12-26- 1935

19. UNDERTAKER Jack Levine Inc.;

(Address) 1499 E. Balto. St.,

20. FILED ..... 19 ..... Registrar

DEC 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1935

22. I HEREBY CERTIFY, That I had charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following gun shot wound Abdomen	1935 12-23-35

Other contributory causes of importance: .....

Was an operation performed? yes Date of Dec 25 35

For what disease or injury? Shot thru Abdomen

Name of operation Laparotomy Date of Dec 25 35

What test confirmed diagnosis Shot Wound Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Dec 23 1935

Where did injury occur? 1206 Harlem Ave (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place on Stairs

Manner of injury Bandit Robery

Nature of injury Gunshot Wound

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F Kelly M. D.

(Address) 1739 Monroe Coroner

State CAUSE OF DEATH in plain English. Do not use abbreviations or technical terms. OCCUPATION is very important. See instructions on BACK OF CERTIFICATE.

M. D. B 1268-9

F 18906

18906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Champness

(a) Residence: No. 2214 E. Hoffman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Oct 10 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Joshua Champness

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Ella Sinner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thos. Champness (brother)

(Address) 3307 Ramona Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec 27, 1935

19. UNDERTAKER John Ulrich

(Address) 2008 Eutaw St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Other contributory causes of importance: Arteriosclerosis myocarditis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright M. D.

(Address) 1010 S. Ellwood Ave

Use state CAUSE OF DEATH, OCCUPATION is very important. See instructions on back of certificate.

F 18907

F 18907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 157-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grace Louise Hendricks

(a) Residence: No. Maryland Line Baltimore Md St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 6-1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Line Md.

FATHER

13. NAME C Earl Hendricks

14. BIRTHPLACE (city or town) (State or country) New Freedom Pa.

MOTHER

15. MAIDEN NAME Myrtle Sipe

16. BIRTHPLACE (city or town) (State or country) Rail Road Co.

17. INFORMANT C Earl Hendricks
(Address) Maryland Line Md.

18. BURIAL, CREMATION, OR REMOVAL
New Freedom. Pa Date Dec. 28 1935
Place

19. UNDERTAKER Paul M Hartenstine
(Address) New Freedom Pa

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1935, to 12-25, 1935

I last saw h[illegible] alive on 12-25, 1935. Death is said to have occurred on the date stated above, at 5:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia (Influenzal)	12-21-35
Other contributory causes of importance: Endocarditis Congenital	12-7

Was an operation performed? [illegible] Date of 12-23-35

For what disease or [illegible] Congenital Spasticity

Name of operat[illegible] Exploratory Craniotomy 12-23-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Copeland M. D.

(Address) Union Memorial Hosp

State CAUSE OF DEATH in plain English. Do not use abbreviations or technical terms. OCCUPATION is very important. See instructions on back of this certificate.

F 18908

F 18908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 605 N. Brice St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon A. Rice
(a) Residence: No. 605 N. Brice St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany. 6, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Augustus Rice

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca Steinberg

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. E. Rice
(Address) Riviera Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date Dec. 27, 1935

19. UNDERTAKER Harry Sandheim & Son
(Address) 1902 Eutaw Place

20. FILED ..., 19... Registrar.

STATE CAUSE OF DEATH IN PLAIN LANGUAGE. OCCUPATION is very important. See instructions on back of this sheet.

V.S.2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1935

22. I HEREBY CERTIFY That I attended deceased from Dec. 14, 1935 to Dec. 25, 1935
I last saw him alive on Dec. 25, 1935. Death is said to have occurred on the date stated above, at 2:15 A. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset
Senility —
Generalized Arteriosclerosis —

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) Temple Garden Apts.

F 18909

M. D. B 1268-9

18909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 McCulloh, St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Solomon Braxton

(a) Residence: No. 1411 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 75 -			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Va

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) Unknown Va

MOTHER

15. MAIDEN NAME Unknown Smith

16. BIRTHPLACE (city or town) (State or country) Unknown Va

17. INFORMANT Mrs. Mary E. Braxton

(Address) 1411 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lincoln Gdns Date 12/31/35

19. UNDERTAKER Goldstein Federal

(Address) 28 E. Lanvale St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above. 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O'Hara Coroner, M. D.

(Address)

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

B 18910

8910 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No. 18910

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 N. Carrollton Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ella Sewell

(a) Residence: No. 319 N. Carrollton Ave. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Sewell.

6. DATE OF BIRTH (month, day, year) Feb 10th 1873.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month, day, year) 12/10/35 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Carroll Co Maryland

FATHER

13. NAME William Bailey

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT John Sewell

(Address) 319 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 28, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Arlington Ave.

20. FILED ... 19... ... Registrar.

OCCUPATION is very important. See instructions on the back of this form.

V S 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24 1935

22. I HEREBY CERTIFY, That I attended deceased from June 22nd 1934 to Dec 24th 1935

I last saw her alive on 12/24, 1935 Death is said to have occurred on the date stated above, at 3.30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	6/1934
Other contributory causes of importance: Senile Pleurisy Paralysis	6/2035

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. J. Gunn M. D.

(Address) 322 N. Arlington Ave

AdCo. 5-11 2508

F 18911

18911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 W. Lee St., 7V Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Eliza Medley

(a) Residence: No. 646 W. Lee St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced (or) WIFE of: John H. Medley
6. DATE OF BIRTH (month, day, year): — — —
7. AGE: Years 70; Months —; Days —; If LESS than 1 day, hrs. or min. —

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER
13. NAME: Thomas Brooks
14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER
15. MAIDEN NAME: Margaret Butler
16. BIRTHPLACE (city or town) (State or country): Calvert Co Md

17. INFORMANT: Mary Gray
(Address) 646 W Lee St

18. BURIAL, CREMATION, OR REMOVAL
Place: Brookfield Calvert Co Md Date: Dec 27, 1935

19. UNDERTAKER: Mrs Katie R. Williams
(Address) 322 N Edmondson Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1935 to Dec 22, 1935

I last saw her alive on Dec 20, 1935 death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio Vascular Renal Disease — Date of onset .....

Other contributory causes of importance:

Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? Reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Howell M. D.

(Address) 604 N Carrollton Ave

State CAUSE OF DEATH in such terms that it can be classified. See instructions on back of certificate. OCCUPATION is very important.

F 18912

18912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3627 Greenmount Ave. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Walter,

(a) Residence: No. 3627 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Walter,

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Nan Raith

(Address) 2303 Allendale Road

18. BURIAL, CREMATION, OR REMOVAL DEC 27 1935

Place Druid Ridge Date 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 21 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15 19 to Dec 24 1935

I last saw her alive on Dec 24 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Nephritis	July 35
	2 mos

Other contributory causes of importance:

Myocarditis	Jan 35

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Long M. D.

(Address) 918 Southwood

STATE FACTS ONLY. OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 18913

18913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 N. Charles St St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John D. Farson,

(a) Residence: No. 2702 N. Charles St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antoinette Farson.

6. DATE OF BIRTH (month, day, year) October 9, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1 Week

11. Total time (years) spent in this occupation 50 Years

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME George W. Farson,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emma Prather,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md/

17. INFORMANT Mrs Aubrey E. Rines
(Address) 2702 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL DEC 27 1935
Place Mt Olivet Date 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17/35 19..... to Dec 24 19..... 1935

I last saw him alive on Dec 24 19..... Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Edema Pulmonalis — Date of onset 6 hrs

Other contributory causes of importance:

Edema Pulmonalis — Chronic 6 hrs.

11 Arteriosclerosis. 50 yrs

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. E. Gray — M. D.

(Address) 6772 W. Lombard

STATE CAUSE OF DEATH IN DETAIL. See instructions on back of certificate. OCCUPATION is very important.

18914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johnston Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby (boy) Cooke

(a) Residence: No. 3035 Frankletown Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-25-35

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
			4 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph A. Cooke

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Pearl Trostle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Pearl Cooke

(Address) 3035 Frankletown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 26 1935

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of this sheet.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-25 1935 to 12-25 1935

I last saw him alive on 12-25 1935 Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

Prematurity Birth (6 mos) — Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. J. Comay M. D.

(Address) Johns Hopkins Hosp

18915 ✓ F 18915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Dacto City Hospital St. [illegible] (Ward) [illegible]

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Campbell
If U. S. Veteran specify WAR .....

(a) Residence: No. 711 William St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 29 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation 0 0 0

12. BIRTHPLACE (city or town) (State or country) Dacto Md

FATHER

13. NAME Albert Franklin Campbell
14. BIRTHPLACE (city or town) (State or country) Maryland Virginia

MOTHER

15. MAIDEN NAME Bessie Hartman
16. BIRTHPLACE (city or town) (State or country) Maryland Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 26 . 1935

19. UNDERTAKER
(Address)

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 . 1935 to Dec 18 . 1935
I last saw he alive on Dec 18 . 1935 Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Breanne Sterling . M. D.
(Address) Dacto City Hospital

OCCUPATION is very important. See instructions on page 2.

18916 E 18916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., No Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Martin

(a) Residence: No. Unknown. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) March 21, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman. Ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) March 21, 1862

FATHER

13. NAME Julius Martin

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Josephine Lebun

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec 26, 1935

Disinterred to Mrs Cook Dec 25/35

19. UNDERTAKER and buried on mt. Olivet Cem
(Address) Dec. 24 '35

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. [illegible] 19 1935 to Dec 22 1935

I last saw him alive on Dec 22 1935. Death is said to have occurred on the date stated above, at 6.20 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 3 days ago

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

State OCCUPATION is very important. See instructions on back of this sheet.

18917

F 18917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. 3940 Eastern Avenue St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Ballard

If U. S. Veteran specify WAR .....

(a) Residence: No. 304 E. 20½ St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/13/35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Eugene Ballard

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Mary Cox

16. BIRTHPLACE (city or town) Virginia.
(State or country)

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Monument, Md Date Dec 26, 1935

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1935, to 12/21, 1935

I last saw h[illegible] alive on 12/21, 1935. Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	12/19/35

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Laparotomy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving Rosenbaum, Jr. M. D.

(Address) Baltimore City Hospital.

State CAUSE OF DEATH in plain English. See instructions on back of certificate.
OCCUPATION is very important.

18918 F 18918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4 Ward) 15+

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Alfred Nicholson

(a) Residence: No. 3 S. Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 7, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Christian

14. BIRTHPLACE (city or town) (State or country) Norway.

MOTHER

15. MAIDEN NAME Alice Steise

16. BIRTHPLACE (city or town) (State or country) Norway.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 26, 1935

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1935, to Dec 22, 1935.

I last saw him alive on Dec 22, 1935. Death is said to have occurred on the date stated above, at 8.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis of Jaw	1 mo ago.
Septicemia	10 days ago

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals.

Vs 3

F 18919

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 18919

1. PLACE OF DEATH

County ... Registration Dist. No. ...

Village or City Baltimore Md No. 717 W Lafayette St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds How long in U.S. if of foreign birth? ... yrs. ... mos.

2. FULL NAME Marshall Williams

(a) Residence: No. 717 W Lafayette St., Ward.
(Usual place of abode)
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	2nd Knm		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. unemployed

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ of Md Date Dec 26 1935

19. UNDERTAKER (Address)

20. FILED ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 20 (Day) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased
Dec 18, 1935 to Dec 20, 1935
I last saw him alive on Dec 1935 death is
to have occurred on the date stated above, at 6 P m

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of

Other **Contributory Causes** of importance

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo Woolridge

(Address) 703 W Lafayette

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. ...

mation should be carefully supplied. ... should be properly classified. Exact statement of cause of
CAUSE OF DEATH in plain terms, so that it may be
— TION is very important. See instructions on back of certificate.

THE MORGUE

M. D. H. 1268-9

18920

F 18920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. Bailey

(a) Residence No. 791 George St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Not known

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Not known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Not known

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19

19. UNDERTAKER .....
(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1935 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) 737 N. Monroe St.

Information must state CAUSE OF DEATH in plain terms, so that it may be understood by the laymen. Do not state CAUSE OF DEATH in plain terms, so that it may be understood by the laymen. See instructions on back of certificate. OCCUPATION is very important.

18921 F 18921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Minnie Juensen

If U. S. Veteran specify WAR .....

(a) Residence: No. 1929 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick A. Juensen

6. DATE OF BIRTH (month, day, year) Jan 24th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lorely, Md

FATHER

13. NAME John C. Pensel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Pedering

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Louise W. Juensen

(Address) 1929 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Date 12/28/35

19. UNDERTAKER Geo. Weber & Son

(Address) 8503 Edmondson Ave

20. FILED ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/25, 1935, to 12/25, 1935

I last saw her alive on 12/25, 1935 Death is said to have occurred on the date stated above, at 10:31 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12/25/35

Other contributory causes of importance:

arteriosclerosis —

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Robert H. Sivers, M. D.

(Address) Union Memorial Hospital

vs 2

INSTRUCTIONS: Fill in all items. If unknown, state so. Write plainly. Use ink. Do not abbreviate. Be sure to state CAUSE OF DEATH in plain terms, so that it may be understood by a layman. OCCUPATION is very important. See instructions on back of certificate.

18922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-M F 18922

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2276 Cedley St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME White Constance Metzler

If U. S. Veteran specify WAR

(a) Residence: No. 2276 Cedley Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Female

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of July 22

6. DATE OF BIRTH (month, day, year) July 22/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	5	1922	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Howard Metzler

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Vera Leonard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Vera Metzler
(Address) 2276 Cedley ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 12/27 1935

19. UNDERTAKER Edward Lowery
(Address) 2309 Madison Blvd

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1935 to Dec 24 1935

I last saw him alive on Dec 24 1935. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	12-23-35

Other contributory causes of importance:

Pharyngitis + coryza (possible etiology)	12-20-35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W M Copeland M. D.

(Address) Union Memorial Hosp

state CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

F 18923

18923 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5927 Falls Road St., 37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME GEORGE T. GANEY

(a) Residence: No. 5927 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Catherine Shea Ganey

6. DATE OF BIRTH (month, day, year) Feb. 24, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Timothy Ganey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jennie Rhoddy

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Miss Jennie Ganey

(Address) 5927 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 12/28 19 35

19. UNDERTAKER Chas. F. Kraus & Son

(Address) 1158 W. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25 19 35

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 1930 to DECEMBER 25 1935

I last saw h/ alive on DECEMBER 22, 1935. Death is said to have occurred on the date stated above, at 8.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
NEPHRITIS, CHRONIC INTERSTITIAL	1930

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? CLIN Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. W. Hoffman, M.D. M. D.

(Address) 8 Eastern Road Street

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

DEC 28 1935

GTK

F 18924

18924 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

51-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3035 Belmont Ave St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William G. Julius

(a) Residence: No. 3035 Belmont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~ of) Pearl M. Lydam

6. DATE OF BIRTH (month, day, year) June 3, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. of Public Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md.

FATHER

13. NAME William G. Julius

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Jennie Bills

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. William Julius
(Address) 3035 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec. 27, 1935

19. UNDERTAKER Martin Fineran & Sons
(Address) 1600 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935 to Dec 24, 1935

I last saw h~~im~~ alive on Dec 24, 1935. Death is said to have occurred on the date stated above, at 6 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder.	9/1/35.
	over

Other contributory causes of importance:

none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none Date of

What test confirmed diagnosis? Cystoscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) E. L. Stockton M. D.
(Address) 888 N. Loudon Ave. Balto. Md.

State CAUSE OF DEATH in such terms that a physician may identify disease, and indicate clearly whether accident, suicide or homicide. See instructions on back of certificate. OCCUPATION is very important.

18925 F 18925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Michael Nicholas Jakubowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 2710 Elliott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Jakubowski

6. DATE OF BIRTH (month, day, year) (?) 1862 (?)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	? ?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Odd

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Poland

FATHER

13. NAME ? ?

14. BIRTHPLACE (city or town) (State or country) ? Poland

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Balto City Hospt. Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL St. Stanislaus Cem Date Dec 27, 1935

19. UNDERTAKER Tetkowski (Tetkowski) Frankowski & Son

(Address) 1030 S. Kenwood Ave

20. FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1935 to 12-22, 1935

last saw h[illegible] alive on 12-22, 1935 Death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene, right foot	1 wk
Other contributory causes of importance: Generalized Arteriosclerosis	?

Was an operation performed? yes Date 12-21-35

For what disease or injury? Arteriosclerotic gangrene foot

Name of operation Amputation thigh Date of 12-21-35

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Robt J. Manson, M. D.

(Address) Balto City Hospt

state CAUSE OF DEATH in plain terms. Indefinite or unusual terms not sufficient. OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

18926

F 18926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 N. Broadway 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Ziegler

(a) Residence: No. 1722 N Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Martin Ziegler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. MAIDEN NAME Matilda Hugst

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss L. Ziegler

(Address) 1722 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 27 1935

19. UNDERTAKER Albert W. Dennigan

(Address) 4402 North Ave

20. FILED ..... 19..... Registrar.

1537

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Dec 24 1935

I last saw him alive on Dec 23 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
Arterio Sclerosis	

Other contributory causes of importance:

Hypertension
Myocarditis

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. W. Kenney M. D.

(Address) 1812 N - Broadway

State CAUSE OF DEATH in plain terms. So that it may be classified, OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 18927

HEALTH DEPARTMENT—CITY OF BALTIMORE

18927

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 E 22nd St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C Miller

(a) Residence: No. 727 E 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced (or) WIFE of: Peter Miller

6. DATE OF BIRTH (month, day, year): 11-26-1874

7. AGE: Years 61 | Months — 1 | Days 28 | If LESS than 1 day, hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Bren

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Annie Ryan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Marie Miller
(Address) 727 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 27, 1930

19. UNDERTAKER: Mary M. Waidyard
(Address) 701 E 22nd St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 26, 1930

22. I HEREBY CERTIFY, That I attended deceased from 12 19, 1930, to 12 27, 1930.

I last saw h... alive on Dec. 24, 1930. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	12/27/30
Collapsed Lung of right side	12/26/30

Other contributory causes of importance:

Influenza	12/26/30
Bronchial Pneumonia	12/20/30
Pleurisy	12/21/30

Name of operation ... Date of ...

What test confirmed diagnosis? P. M. Syphilis Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Thomas J White M. D.

(Address) 534 E 22nd St

INSTRUCTIONS: Fill in all items. If unknown, state so. Use ink. Write plainly. Do not abbreviate. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. B. 1268-2

18928

F 18928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 E. 36th St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie E. Walton

(a) Residence: No. 726 E 36 St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward R. Walton

6. DATE OF BIRTH (month, day, year) June 24, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 2039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Clark

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Mellvern

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Marie C. Crowley

(Address) 318 Fawcett & Thirty Fa

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 12/27/35 19

19. UNDERTAKER Fred Ottenauer & Son

(Address) 124 E. Preston St.

20. FILED ... 19... Registrar.

DEC 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24/35 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 18/35 19... to Dec 24/35 19...

I last saw h... alive on Dec 24/35 19... Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	5 years
Other contributory causes of importance: Chronic Nephritis	Probably 20 yrs

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thos B Hollrod M. D.

(Address) 1 W Lfty

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated in years, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18929

F 18929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3½ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mariano Tiberio

If U. S. Veteran specify WAR .....

(a) Residence: No. 808 S. Bond Street, Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Filipino	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook & Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 0021

10. Date deceased last worked at this occupation (month and year) 12-1-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manila Philippine Islands

FATHER

13. NAME Carmelo Tiberio

14. BIRTHPLACE (city or town) (State or country) Manila P.I.

MOTHER

15. MAIDEN NAME Feliciana Talapa

16. BIRTHPLACE (city or town) (State or country) Banay P.I.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery 12-27-35

19. UNDERTAKER Rendell & Humphreys
(Address) 926 E. Baltimore St.

20. FILED DEC 27 1935 Huntington Ellis, Registrar

DEC 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 6 '35, to December 22 '35

I last saw him alive on December 22, 1935 Death is said to have occurred on the date stated above, at 9:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, valvular, combined lesions, aortic & mitral	7 year

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation clin. Date of .....

What test confirmed diagnosis? Find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T.M.H. anderson, M. D.

(Address) U.S. Marine Hospital, Balto.

Information desired on this certificate is for the purpose of classifying deaths according to cause, and for statistical purposes. Either the CAUSE OF DEATH in plain terms, so that it may be understood by a layman, or the OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1363

F 18930

✓ F 18930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Division St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Ivory Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2018 Division St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
/	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Harry Clifton Thompson

14. BIRTHPLACE (city or town) (State or country) Lutherville md.

MOTHER

15. MAIDEN NAME Ida Wareing

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT Father & mother

(Address) 2018 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Dec 27. 1935

19. UNDERTAKER Geo. G. Nelson

(Address) 1303 Baltimore St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1935

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said / / find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above, 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intramural Pneumonia	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C Hann Coroner, M. D.

(Address) 12/15/35 Baltimore

information should be given in answering these questions, so that it may be properly coded. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 27 1935

HEALTH DEPARTMENT—CITY OF BALTIMORE

18931

CERTIFICATE OF DEATH

F 18931

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Henry Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 109 Bayouth St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Robinson

6. DATE OF BIRTH (month, day, year) 5/20/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Robinson

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Sarah Ehl

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Dec 27, 1933

19. UNDERTAKER John Gillespie

(Address) 2008 Arlington

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/15/33, 19 33 to 12/25, 19 33

I last saw h alive on 12/25, 19 33 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure — Date of onset ?

Other contributory causes of importance: Arteriosclerosis — ?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Tobias Weinberg, M. D.

(Address) Balto. City Hospitals

Information necessary to complete CAUSE OF DEATH in plain terms, so that it may be state CAUSE OF DEATH in very important. See instructions on back of certificate. OCCUPATION is very important.

V5 3

18932 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 18932

CERTIFICATE OF DEATH

51-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Garrison Boul St. 15th Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oliver P. Roberts

If U. S. Veteran specify WAR .....

(a) Residence: No. 2601 Garrison Blvd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Roberts

6. DATE OF BIRTH (month, day, year) July 21-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canning Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) November 1935

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

FATHER

13. NAME George Roberts

14. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

MOTHER

15. MAIDEN NAME Rachel Robinson

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Mrs Ida E. Roberts

(Address) 2601 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 27 1935

19. UNDERTAKER Wm J Pykner & Sons

(Address) North & Penna. Aves

20. FILED ..... 19— ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug ....., 1935, to Dec 24 ....., 1935

I last saw him alive on Dec 23, 1935. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	1 day
—	

Other contributory causes of importance:

Carcinoma of Bladder	over

Was an operation performed? Yes Date of Sept 1-/35

For what disease or injury? Carcinoma Bladder

Name of operation Resection of Bl. Tumor Date of Sept 1-35

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. Goldstein, M. D.

(Address) 601 Med. Arts Bldg

V. S. 3

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Pds.

18933

TABB

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18933

CERTIFICATE OF DEATH.

108

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 554 (St.) Presstman (Ward) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Tabb

(a) RESIDENCE NO. 554 St. Presstman Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stapleton Tabb.

6 DATE OF BIRTH (month, day, and year) March 7th 1884

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
52 51		9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 0670

(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Gloucester Co. Va.

PARENTS

10 NAME OF FATHER Brapton Drummond

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Gloucester Co. Va

12 MAIDEN NAME OF MOTHER Carrie Drummond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Gloucester. Va.

14 Informant S. V. Tabb

(Address) 554 Presstman St.

15 Filed ....., 19 ..... Registrar (G.K.G.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 12-25-35

17 I HEREBY CERTIFY, That I attended deceased from 12-2-35, 19 ..., to 12-25-35, 19 ..., that I last saw her alive on 12-25-35, 19 ..., and that death occurred, on the date stated above, at 1:20 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 554 Presstman St.

Did an operation precede death? No Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Ernest Melton, M. D.

, 19 (Address) 2029 Penn. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gloucester Co. Va. Date of Burial 12/27 1935

20 UNDERTAKER Walter D. Spriggs ADDRESS 132 W. Hamburg St.

tion should be carefully answered, so that it may be properly classified. OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

F 18934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18934

CERTIFICATE OF DEATH

48

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1511 W Lexington St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maud Spratley

(a) RESIDENCE NO. 1511 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ely Spratley

6 DATE OF BIRTH (month, day, and year): March 6 1882

7 AGE — Years: 53 — Months: 9 — Days: 17

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): matthews co

(State or country): Va.

PARENTS

10 NAME OF FATHER: Andrew Brooks

11 BIRTHPLACE OF FATHER (City or town):

(State or country): matthews co Va.

12 MAIDEN NAME OF MOTHER: Fannie Cook

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): matthews co Va

14 Informant: Ruth Boston

(Address): 1511 W Lexington St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-23 19 33

17 I HEREBY CERTIFY, That I attended deceased from 11-9 19 33 to 12-23 19 33

that I last saw h alive on 12-22 19 33

and that death occurred, on the date stated above, at 6.00 P.M.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pleurisy with effusion

(duration) about yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? medical ex

(Signed) M. Atwell Jones M. D.

19 (Address) 1123 Robinson ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Matthews co. Va

Date of Burial: Dec. 28 19

20 UNDERTAKER: Jos. Geo. H. Holland

ADDRESS: 1618 Pe

N. B.—WRITE PLAINLY, WITH UNFADING INK. The information called for in this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in filling CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 27 1933

M. D. B. 1268-9

F 18935

F 18935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Mc Culloh St., 1st Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma W. Langford

(a) Residence: No. 1919 Mc Culloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Upton Langford

6. DATE OF BIRTH (month, day, year) Jan. 2 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER

15. MAIDEN NAME Fanning

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Lillie Mae Tillery
(Address) 1919 Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mitchelville Date Dec. 29 1935

19. UNDERTAKER Mrs. Jos. Mitchell
(Address) 1401 Druid Hill Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

had by me and (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 2.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pernicious Myocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Kann Coroner, M. D.

(Address)

Use information should be carefully supplied, so that it may be properly classified; state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec. 1-30—M. & T.—250 Bks.

F 18936

F 18936

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-B

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 W. Franklin ST., 19 WARD)

2-FULL NAME Mattie D. Ward

(a) RESIDENCE NO. 1521 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fish Ward

6 DATE OF BIRTH (month, day, and year) Aug. 8 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

PARENTS

10 NAME OF FATHER Lee Dean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Fannie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Lucy Fowing (Address) 1521 W. Franklin

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1935, to Dec 25, 1935, that I last saw h alive on Dec. 25, 1935, and that death occurred, on the date stated above, at 2.15 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic softening of brain, Epilepsy, Cerebral thrombo

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral thrombo

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab.

(Signed) H. Macon Williams M. D.

Dec 27 1935 (Address) 1500 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harmony Cem Wash D.C.

DATE OF BURIAL 12/28 1935

20 UNDERTAKER Frances A Kemsley

ADDRESS 5 Biddle

mation should be given in plain terms, so that it may be properly coded.
CAUSE OF DEATH
TION is very important. See instructions on back of certificates.

18937

HEALTH DEPARTMENT—CITY OF BALTIMORE

18937

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2709 Oak Ave St. 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara E. Leverton

If U. S. Veteran specify WAR .....

(a) Residence: No. 2709 Oak Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct 28 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Capt. Wm. Leverton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Harriet Walker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Wiedshoffer

(Address) 2709 Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 27/35 19

19. UNDERTAKER Philip Stewig Sons

(Address) 2016 Orleans St

20. FILED ..... 19 ..... Registrar.

DEC 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 19 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 35 to Dec 24 35

I last saw ... alive on Dec 2 35 Death is said to have occurred on the date stated above, at 9 30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Hypertension

Arteriosclerosis

Chronic Interstitial Nephritis

acute Cardiac Dilatation

Was an operation performed? No Date .....

For what disease or injury? .....

Name of operation ..... Date .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Fred Rupp M. D.

(Address) 600 N Milton Ave

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

18338 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 18938

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 E. Fort Ave St., 2nd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Giuseppe Pusateri

If U. S. Veteran specify WAR .....

(a) Residence: No. 425 E. Fort Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Pusateri

6. DATE OF BIRTH (month, day, year) Jan 1st 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy Fermini Imerese

FATHER

13. NAME Michele Pusateri

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Di Fiume

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Maria Pusateri

(Address) 425 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Dec 28, 1935

19. UNDERTAKER Frank Della Pace

(Address) 52 N Monkey St

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935 to Dec 24, 1935

I last saw him alive on Dec 23, 1935. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify.

(Signed) Luigi D. Di Stefano M. D.

(Address) 407 S. Exeter St

Information should be complete as possible, so that it may be properly coded. State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

F 18939

F 18939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9½-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Coleman Louis Hogan

If U. S. Veteran specify WAR W. W.

(a) Residence: No. 2604 Bernard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) Dec 24 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James H Hogan

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Helen Hogan

(Address) 2604 Bernard St

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Cem Date 12/21 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Baltimore & Fulton Ave

20. FILED ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1935

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cardiac dilatation	
Other contributory causes of importance: Chron. Myocarditis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright Coroner, M. D.

(Address) 1005 S. Edmondt Ave.

Information should be carefully supplied, so that it may be properly classified. State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. F 12683 F 18940

F 18940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Pat St. St., 8 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Louise Claiborne

(a) Residence: No. 1125 Pat St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) September 1, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

13. NAME Isaac Claiborne

14. BIRTHPLACE (city or town) Amelia Co.
(State or country) Virginia

FATHER

15. MAIDEN NAME Ruth Mitz

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Isaac Claiborne
(Address) 1125 Pat St.

18. BURIAL, CREMATION, OR REMOVAL Asbury Cem Date 12/27/31

19. UNDERTAKER Robert Wilkerson
(Address) 1357 N. Eden Alley

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Throat.	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1912 E. North Ave.

information should be carefully supplied, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

v s 6

F 18941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18941

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 5 Ward)

Registered No. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Hill

If U. S. Veteran specify WAR .....

(a) Residence: No. 1248 McElderry St., 11 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/7/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1 1/2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Hill

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucille Wilson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/27/35

19. UNDERTAKER Robert Whilliams

(Address) 15-15 McElderry St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7 1935 to Dec. 25 1935

I last saw him alive on Dec 25 1935 Death is said to have occurred on the date stated above, at 6 20a m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Atelectasis

Date of onset 12/21/35

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lydia B Edwards, M. D.

(Address) Johns Hopkins

information should be carefully ... state CAUSE OF DEATH in plain terms, so that it may be properly ... OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 18942 ✓ F 18942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1½ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edna Haviland

(a) Residence: No. 221 Lee St. St., ... Ward. Alexandria Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Poole

6. DATE OF BIRTH (month, day, year) 6-2-06

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Deceased John Haviland

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Deceased

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rev. A. Poole

(Address) 85 W. Harrison St. Chicago, Ill.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place Fortress Monroe Va. Date Dec. 28 . 1935

19. UNDERTAKER John D. Mitchell, Sons

(Address) 1900 Eutaw Place

20. FILED ..... . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26/35 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/1 . 1935 . to 12/26 . 1935

I last saw him alive on 12/26 . 1935 . Death is said to have occurred on the date stated above, at 5 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	11/1/35
Staphylococcus aureus septicemia	12/23/35

Other contributory causes of importance:

Staphylococcus septicaemia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sarah A. Bowdler . M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied, so that it may be properly classified. state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V S 3

F 18943

✓ F 18943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) Registered No. 123

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yr. 1 mo. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August Tiemann If U. S. Veteran specify WAR No Record

(a) Residence: No. 3203 Strickland St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Tiemann

6. DATE OF BIRTH (month, day, year) Aug 10th 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Louis Tiemann

14. BIRTHPLACE (city or town) (State or country) Germany Md.

MOTHER

15. MAIDEN NAME Christine

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec 27th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-24-1935 to 12-25-1935

I last saw him alive on 12-25-1935 Death is said to have occurred on the date stated above, at 12.45 p. m.

The principal cause of death and related causes of importance were as follows:

Reforation of Ileum Cause ? — Date of onset 10-24-35

Other contributory causes of importance:

Was an operation performed? yes Date of 10-24-35 12-19-35

For what disease or injury? —

Name of operation Sleostomy Exploratory Date of

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Robt. J. Mountain M. D.

(Address) Balto City Hospitals

information should be carefully supplied. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. ... OCCUPATION is very important. See instructions on back of certificate.

DEC 27 1935

F 18944 F 18944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2934 Edmondson Ave 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Shipley If U. S. Veteran specify WAR No Record

(a) Residence: No. 2934 Edmondson Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Mary Shipley

6. DATE OF BIRTH (month, day, year) Mar 14th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodard Lumber Co

10. Date deceased last worked at this occupation (month and year) Nov 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Bath Md

FATHER

13. NAME Charles Shipley

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mary Shipley

(Address) 2934 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 28th 1935

19. UNDERTAKER Wm Cook

(Address) 1207 St Paul St

20. FILED ..... 19 .....

Registrar.

DEC 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Dec 26 1935

I last saw him alive on Dec 26 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial disease generalized arteriosclerosis	Several Years
Other contributory causes of importance: Chronic nephritis	several years.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Mitchell M. D.

(Address) 2922 Edmondson Ave

V S 3

information should be carefully supplied, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. F. 1268-9

F 18945

F 18945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Webster St St. 74 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. H. Korb

(a) Residence: No. 1407 Webster St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Augusta Korb

6. DATE OF BIRTH (month, day, year): 6-52

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83	83	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture fact'y

10. Date deceased last worked at this occupation (month and year): 8 yrs ago

11. Total time (years) spent in this occupation: 60 yrs.

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Geo. Krantz.

(Address): 69 S. Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 12.28.35 19

19. UNDERTAKER: George L. Schmidt

(Address): 710 Fredrick Ave

20. FILED . 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 25 35 19

22. I HEREBY CERTIFY, That I attended deceased from 12-23-35 . 19 . to 12-25-35 . 19

I last saw h[illegible] alive on 12-25-35 . 19 Death is said to have occurred on the date stated above, at 11 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-22-35

Other contributory causes of importance:

Arteriosclerosis	Unknown

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [illegible] M. D.

(Address)

N. B. [illegible] information should be carefully supplied. The [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3

M. D. B 1268-9

F 18946 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 18946

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 W. Lee st. St., 22 Ward)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elbridge Julius Stevens.

(a) Residence: No. 4 W. Lee St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 23, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Stevens.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Georgette Ashburn.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Georgette Stevens.(mother)
(Address) 4 W. Lee St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's P. E. Reformed Church Date Dec 28, 1935

19. UNDERTAKER John F. Penny
(Address) 715 Eutaw St

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner

12/26/35 (Address) 1017 N. Charles st.

information should be given in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

vse

M. D. B. 1268-9

18947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18947

Registered No. J 93-E

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 826 Edmondson Ave) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wesley F. Deberry
(a) Residence: No. 820 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: C.
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Clara Deberry
6. DATE OF BIRTH (month, day, year): July 31 1889
7. AGE: Years 46 | Months 7 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stevedore
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0074
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hamlet N.C.

FATHER
13. NAME: John Deberry
14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER
15. MAIDEN NAME: Malinda Lockery
16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT (Address): Clara Deberry 826 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: Hamlet N.C. Date 12/28/ 1935

19. UNDERTAKER (Address): Francis A. Hemeley 5[illegible] Fiddle St

20. FILED DEC 27 1935 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1935 to Dec 25 1935
I last saw him alive on Dec 25 1935 Death is said to have occurred on the date stated above, at 10:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	

Other contributory causes of importance:

Contributory Exclusion

Name of operation — Date of

What test confirmed diagnosis? Neg Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Howell M. D.
(Address) Ger. u. Carrollton Ave

M. D. B. 1268-9 information should be carefully supplied, so that it may be properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms. state OCCUPATION is very important.

M. D. B 1268-9

18948

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18948

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 1st Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Jane Courtney Siegman

If U. S. Veteran specify WAR .....

(a) Residence: No. 321 Hinton av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm C Siegman

6. DATE OF BIRTH (month, day, year) Nov 7, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Leo H Harvey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ella Faust

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Christ T Braithwaite

(Address) 1411 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 28. 1935

19. UNDERTAKER Stewart & Mowen Co.

(Address) 108 W North ave

20. FILED ..... 19 ..... Registrar.

DEC 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	12/9/35

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Suicide Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Dec 25 1935

Where did injury occur? 321 Hinton av (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Putting her head in Kitchen Gas Oven.

Nature of injury Coal Gas Illuminating Poisoning

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward Hedgelover M. D.

Coroner

(Address) Coroners

DEC 27 1935

DAY

M. D. B 1268-9

F 18949

HEALTH DEPARTMENT—CITY OF BALTIMORE

18949

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3564 Poole St. St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel J. Birch

(a) Residence: No. 5908 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mamie Birch

6. DATE OF BIRTH (month, day, year) May ? 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Birch

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. A. Meade

(Address) 22 Libley Ave Wyattsville, Md

18. BURIAL, CREMATION, OR REMOVAL

Mt. Carmel Date Nov 30 1935

19. UNDERTAKER Thenowetton

(Address) 3615-17 Chestnut Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h[illegible] alive on ..... 19..... Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Dec 26 35
Other contributory causes of importance: Acute indigestion	Dec 26 35

Name of operation [illegible] Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

Information must be in plain terms, so that it may be properly coded. State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. B 1268-9

18950 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 18950

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3652 Malden Ave 43 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena F. Bassler.

(a) Residence: No. 3652 Malden Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Bassler.

6. DATE OF BIRTH (month, day, year) Jan 19, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Joseph Addison

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Carter.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT John W. Bassler.
(Address) 3652 Malden Ave.

18. BURIAL, CREMATION, OR REMOVAL Catonsville, Balto Co. Md. Date Dec 28 1935

19. UNDERTAKER Thomas Dobson
(Address) 3615 1/2 Christian Ave.

20. FILED ... 19 ... Registrar.

DEC 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h.. alive on ..., 19... Death is said to have occurred on the date stated above, at 3-5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	12/23/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. W. Dorsey Coroner M. D.

(Address) Catonsville

State CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

Use

F 18951

F 18951 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4109 Sunnyside Ave St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ralph M. Dix. Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 4109 Sunnyside Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child.

6. DATE OF BIRTH (month, day, year) Dec 4, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		22 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md.

FATHER

13. NAME Ralph M. Dix. Sr.

14. BIRTHPLACE (city or town) (State or country) Wash. D. C.

MOTHER

15. MAIDEN NAME Llewellyn Minnie

16. BIRTHPLACE (city or town) (State or country) Bullo, Md.

17. INFORMANT Ralph M. Dix. Sr.

(Address) 4109 Sunnyside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Lorraine Park Date Dec 29. 1935

19. UNDERTAKER Thomas Elton

(Address) 3615-17 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1935 to Dec 26 1935

I last saw h[illegible] alive on Dec 26 - 1935 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2 Days
Other contributory causes of importance:	
	Unk

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E E Nichols M. D.

(Address) Pikesville Md

14

N. B.—Write information should be carefully supplied. All items must be answered, or state that it may be properly classified. Exact information is very important. See instructions on back of certificate.

F 18952

18952 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Baltimore Sewage Works St. ... Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Laura V. Myers.

(a) Residence: No. 439 Gettings St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. H. Myers

6. DATE OF BIRTH (month, day, year) June 2, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME John Whitehead

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Hove

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Oliver Myers
(Address) 439 Gettings St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Dec 28 1935

19. UNDERTAKER Margaret G. Flynn
(Address) 207 N. Fulton St.

20. FILED ... 19... Registrar

DEC 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26 1935

22. I HEREBY CERTIFY, That I attended deceased from December 23 1935 to December 26 1935

I last saw h[illegible] alive on December 26 1935 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/23
Myocardial failure	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William Durfee M. D.

(Address) South Baltimore Md.

N. B.—While the information should be carefully supplied. And that it may be properly classified, state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18953

18953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nannie Dix

If U. S. Veteran specify WAR .....

(a) Residence: No. 713 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 38 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Danville (State or country) Virginia

FATHER

13. NAME James Hayford

14. BIRTHPLACE (city or town) Danville (State or country) Va.

MOTHER

15. MAIDEN NAME Polly ——

16. BIRTHPLACE (city or town) Danville (State or country) Va

17. INFORMANT Kenyon Adams Jr. (son)

(Address) 1217 E. 5th N W. Raleigh NC.

18. BURIAL, CREMATION, OR REMOVAL

Place Danville Va Date 12/27/35 19

19. UNDERTAKER Wm G. Jackson

(Address) 116 Duke St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) died that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. W. Wright, M. D.

Coroner

(Address) 1910 S. Ellwood Ave

N. B.—WHITE PLAINLY; all information should be carefully supplied. AGE should be stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 27 1935

F 18954 HEALTH DEPARTMENT—CITY OF BALTIMORE F 18954

CERTIFICATE OF DEATH 51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 N Bentalou 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. Life ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John A Brown

(a) Residence: No. 645 N Bentalou St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Theresa Brown

6. DATE OF BIRTH (month, day, year): Feb 17 1870

7. AGE: Years 65 | Months 10 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John A Brown

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Thomey

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Theresa Brown

(Address) 645 N Bentalou

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem 12/28 1935

19. UNDERTAKER: Geo A Farley

(Address) Tilton & Fayette

20. FILED ... 19 ... Registrar.

DEC 27 1935

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-25-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1935 to 12-25-35 19 ...

I last saw him alive on 12-21-35 19 ... Death is said to have occurred on the date stated above, at 2 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	12-25-35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Eugene Covington M. D.

(Address) 2341 Edmondson Ave

information should be carefully supplied so that it may be properly classified. Particularly state CAUSE OF DEATH in plain terms, so that it may be properly classified. Particularly state OCCUPATION in very important. See instructions on back of certificate.

M. D. B 1268-9.

F 18955

F 18955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1517 E. Biddle St. St., 8 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary L. Rowe

(a) Residence: No. 1517 E. Biddle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) January 20, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	12 11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Mose McIntosh

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Katie McIntosh

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Annie Gourley

(Address) 1517 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place W. Lawrence Cem Date Dec 28th 1935

19. UNDERTAKER J. Robert A. Elliott

(Address) 1918 Gaudenz St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and from information received, find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. Wheeler, M. D.

Coroner

(Address) 1918 E. Monument

N. B.—WRITE PLAINLY; with pen and ink. All information should be carefully supplied. AGE should be stated in every case. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 1935

M. D. H. 1268-9

18956

F 18956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1939 W Baltimore St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Mc Kenna

(a) Residence: No. 1939 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Mc Kenna

6. DATE OF BIRTH (month, day, year) Apr 14th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr John Mc Kenna
(Address) 1939 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 12/30/ 1935

19. UNDERTAKER John J Gough & Son
(Address) 900 Hollins St

20. FILED DEC 27 1935 19 RFH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1935 to Dec 26 1935

I last saw her alive on Dec 26 1935. Death is said to have occurred on the date stated above, at 4.10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	3 hrs.
Other contributory causes of importance:	
Chronic myocarditis & hypertension	?
Diabetes mellitus	?

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C Peters M.D. M. D.

(Address) 42 Fulton Ave.

N. B.—WRITE PLAINLY. All items must be carefully supplied. AGE should be stated in years, months and days. Exact statement of information should be carefully supplied. AGE should be stated in years, months and days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

F 18957

M. D. B 1268-9

F 18957 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo. W. Creighton

If U. S. Veteran specify WAR .....

(a) Residence: No. 902 W. Lombard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Catherine T. Creighton

6. DATE OF BIRTH (month, day, year) Nov. 18, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Worke Foreman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Creighton

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT E. Creighton

(Address) 3752 Old Fredrick Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/28/1935

19. UNDERTAKER John J. Cowan & Son

(Address) 1300 Eutaw St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Rhoades M. D.

(Address) 2757 W. North Ave. Coroner

N. B.—WRITE PLAINLY, with pencil or pen and ink. AGE should be carefully supplied. Exact statement of information should be carefully supplied. AGE should be stated in years, months and days. CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

v s e

M. D. B. 1268-3

F 18958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18958

CERTIFICATE OF DEATH

94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Loudon Ave. St., 15th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Max Levy

(a) Residence: No. 2900 Loudon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Levy

6. DATE OF BIRTH (month, day, year) Apr. 29, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Isaac R. Levy

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kleeberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Max I. Levie,
(Address) 2900 Loudon Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem Date Dec. 29 19 35

19. UNDERTAKER David Sondheimer & Son
(Address) 1902 Eutaw Place

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/19/35 to 12/27/35

I last saw h[illegible] alive on 12/27/35. Death is said to have occurred on the date stated above, at 3.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/19/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H H Ginsberg M. D.

(Address) 2320 Eutaw Place

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE must be given in every case. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

18959 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 18959

CERTIFICATE OF DEATH

82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3418 Kesmick Rd. Ward) 13

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alcinda E. Ridgely

(a) Residence: No. 3418 Kesmick Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John E. Ridgely

6. DATE OF BIRTH (month, day, year) Dec. 26, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Edward L. Day

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alanda Burgess

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. V. Wilcox

(Address) 3418 Kesmick Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Providence Cem. Date Dec. 27, 1935

Glen Elg Md.

19. UNDERTAKER David Landsman, Inc.

(Address) 1902 Eastern Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1935 to Dec. 26, 1935

I last saw her alive on December 24, 1935. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral embolism — Date of onset Dec 22

Other contributory causes of importance:

Carcinoma Colloides — Infiltrate of age — no — Dec 24

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. Ruth Mortimer Md M. D.

(Address) 2801 St Paul St.

Vs 3

Information should be carefully supplied. [illegible] so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 18960 F 18960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lawrence Schwab

(a) Residence: No. 4007 Fernhill Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	62	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchandise Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Schwab

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Strauss

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. A. Schwab
(Address) Mail. Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Chev. Shalom Date Dec 29 1935

19. UNDERTAKER Harid Sondheim & Son
(Address) 1902 Eutaw Pl.

20. FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1935 to Dec 27, 1935

I last saw him alive on Dec 26, 1935 Death is said to have occurred on ~~the date stated above~~ Dec. 27, 1935 at 5:35 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Cardiac insufficiency	12/9/35
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so specify .....

(Signed) Henry B. Makover M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY. All items must be carefully supplied. AGE should be stated information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 18961

18961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 N. Port St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Hube

If U. S. Veteran specify WAR .....

(a) Residence: No. 1311 N. Port St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) Ida Olga Hube

6. DATE OF BIRTH (month, day, year) Sept 30, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Terminal Warehouse

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Carl Hube

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Wm. Hube

(Address) 1311 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Cem. Date Dec. 28, 1935

19. UNDERTAKER Margaret G. Flynn

(Address) 2307 N. Eden St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1935 to December 25, 1935

I last saw him alive on Dec. 24, 1935 Death is said to have occurred on the date stated above, at 4:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-21-35
Other contributory causes of importance: Arteriosclerosis	1928

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. Singewald, M. D.

(Address) 1613 E. Monument St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DECEASED

F 18962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18962

V 50

5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Crowder

If U. S. Veteran specify WAR

(a) Residence: No. 132 East St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josh Crowder

6. DATE OF BIRTH (month, day, year) 1/10/1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Richard Gulley

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Carlie Gulley

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary cemetery Date Dec 31 1935

19. UNDERTAKER Edw. Bryan

(Address) 1647 Orleans St

20. FILED 1935 Registrar

DEC 31 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/4 1935 to 12/24 1935

I last saw h alive on 12/24 1935 Death is said to have occurred on the date stated above, at 10:20 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast c metastases to brain & skin

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Tobias W Lindsay M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated correctly. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

1935024

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18963

CERTIFICATE OF DEATH

91-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Mitchell

(a) Residence: No. Edgemere Rd & Lodge Farm Rd St., ... Ward. Sparrows Point
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
F	Black	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Thomas Mitchell

6. DATE OF BIRTH (month, day, year) 5-19-84

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William Thorton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec 30, 1935

19. UNDERTAKER Samuel H. Chase & Son
(Address) 638 N. Gilmor

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935 to Dec 26, 1935

I last saw h~~er~~ alive on Dec 26, 1935 Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	Dec? 1935 (?)
(due to Strep. viridans)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl B. Brownell M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH CAPABLE INK. AGE should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Copy

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18964 F 18964

CERTIFICATE OF DEATH

✓ 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beatrice Lewis

If U. S. Veteran specify WAR .....

(a) Residence: No. ~~8~~ 811 N. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	7	5 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Hall

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Carrie Lewis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carrie Pratt

(Address) 811 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12/28 1935

19. UNDERTAKER S. J. Gladden

(Address) 238 N. Eutaw

20. FILED ..... 19 ..... Registrar

DEC 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-35 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-8 1935 to 12-25 1935

I last saw her alive on 12-25 1935 Death is said to have occurred on the date stated above, at 9:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic meningitis	12-23-35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. L. Jackson, M. D.

(Address) 600 N. Arlington.

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated in years and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18965

18965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Lancaster St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Anna Kosenska If U. S. Veteran specify WAR

(a) Residence: No. 1621 Lancaster St., Ward. 2-30-M

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Stanislaw Kosinski

6. DATE OF BIRTH (month, day, year) June 28 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc housewife

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Sarnow Poland.

FATHER

13. NAME Michael Kowalski

14. BIRTHPLACE (city or town) (State or country) Gen Poland

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Stanislaw Kosinski

(Address) 1621 Lancaster St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 28 1935

19. UNDERTAKER John M Weber

(Address) 401 S Chester St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance: Chronic myocarditis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

18966 F 18966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 1 mos 2 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME A Paul Robinson

If U. S. Veteran specify WAR .....

(a) Residence: No. Laurel - Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Grace

6. DATE OF BIRTH (month, day, year) 11/16/90

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
44	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0084

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert Robinson

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Ida Swilley

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Md Date Dec 30 1935

19. UNDERTAKER Towell & Byers Inc

(Address) 1017 W Cross St

20. FILED ..... 19.. ..... Registrar

RPA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1935 to Dec. 27, 1935

I last saw h.. alive on Dec. 27, 1935. Death is said to have occurred on the date stated above, at 1:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Pneumonia	19
Streptococcus Meningitis	25

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 20, 1935

For what disease or injury? Cellulitis of orbit

Name of operation Incision & Drain Date of

What test confirmed diagnosis Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wendell B. Allan, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY. WITH EXCEPTIONS NOTED, ALL information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 28 1935

F 18967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18967

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2752 Baker St., 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M Ewing

If U. S. Veteran specify WAR

(a) Residence: No. 2752 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Harry C Ewing

6. DATE OF BIRTH (month, day, year) July 18 54

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Frank Schlacher

(Address) 2752 Baker st

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. 12/28 1935

19. UNDERTAKER George A Shirley

(Address) Fulton & Fayette

20. FILED DEC 27 1935, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1935 to Dec 25, 1935

I last saw him alive on Dec 23 1935 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 yr
Chronic	
Other contributory causes of importance Myocarditis	5 yr

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. R. Coulson M. D.

(Address) 2757 W. Mount St.

N. B.—WRITE PLAINLY, with pen and ink. Information should be carefully supplied. AGE should be stated in years. If less than one year, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18968

F 18968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X108 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 11½ mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William A. Bales

If U. S. Veteran specify WAR

(a) Residence: No. Foley, Florida St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Able Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) Dec. 21, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Foley
(State or country) Florida

FATHER

13. NAME W. H. Bales

14. BIRTHPLACE (city or town) Whitestown,
(State or country) Miss

MOTHER

15. MAIDEN NAME Mamie Strickland

16. BIRTHPLACE (city or town) Arlington
(State or country) La.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mark's - Brooklyn Date 12-28-1935

19. UNDERTAKER Randall E. Humphreys
(Address) 501 N. Broadway

20. FILED DEC 27 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1935 to December 24, 1935

I last saw him alive on December 24, 1935. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right	12-20-35

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P.M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. M. Mauzy M. D.
(Address) U.S. Marine Hospital, Balto.

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. All information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Gorsuch Av St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 6 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Hayes.

If U. S. Veteran specify WAR None

(a) Residence: No. 1416 Gorsuch Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Constantine Hayes Rem

6. DATE OF BIRTH (month, day, year) May 27, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meter Readers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick Hayes.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Eliz. Campeggi Wife

(Address) 1416 Gorsuch Av

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec 28, 1935

19. UNDERTAKER Edward W. Conklin

(Address) 524 E Eager St

20. FILED DEC 27 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935 to Dec. 25, 1935

I last saw him alive on Dec 25, 1935 Death is said to have occurred on the date stated above, at 6 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Arteriosclerosis	8 yrs
Myocarditis	8 yrs
Cerebral Hemorrhage	8 wks
Other contributory causes of importance: Chronic Interstitial Nephritis	8 yrs

Was an operation performed? Yes Date of June 1935

For what disease or injury? .....

Name of operation Excision of Prostate Date of .....

What test confirmed diagnosis? Unknown Was autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F A Stevens M. D.

(Address) 2828 Sturgeon Av

N. B.—WRITE PLAINLY, WITH INK. All information should be carefully supplied. AGE should be stated EXACTLY. If less than one year state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 18970

18970 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 97

CITY OF BALTIMORE: (No. 3830 Brooklyn Ave St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Marie Tindra

(a) Residence: No. 3830 Brooklyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married-White

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Tindra

6. DATE OF BIRTH (month, day, year) 1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Prague Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) -

17. INFORMANT Frank T. Tindra

(Address) 3830 Brooklyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 28th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/1935

I HEREBY CERTIFY, That I attended deceased from 12/2 1935 to 12/27 1935

I last saw h[illegible] alive on 12/27 1935. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

General Senility	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Lukin M. D.

(Address) 320 Patapsco Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 18971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18971

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5802 Roland Ave St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C Toland

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5802 Roland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Mar 26 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME James Toland

14. BIRTHPLACE (city or town) (State or country) Phila Pa.

MOTHER

15. MAIDEN NAME Sarah Collins

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Susie E. Veitch

(Address) 5802 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12/28 1935

19. UNDERTAKER Williams Cooke

(Address) 1217 St Paul St.

20. FILED ... Registrar

DEC 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Approx 1929 to Dec. 27 1935

I last saw him alive on Dec 26. 1935. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Diabetes mellitus	
Coronary occlusion ?	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

21. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Harris L Hamman M. D.

(Address) 9 E. Chase St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS must see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18972 F 18972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 Glenmore Ave. 27 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Emma J. D. Carvel

If U. S. Veteran specify WAR .....

(a) Residence: No. 3106 Glenmore Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas M. Carvel

6. DATE OF BIRTH (month, day, year) Oct 1. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falls. Md.

FATHER

13. NAME Arnold Tensried

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary J. Pierce

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Arnold M. Carvel

(Address) 3106 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Dec 28. 1935

19. UNDERTAKER Mr. Mrs. John W. Tuffel & Son

(Address) 501 W. Fayette St.

20. FILED DEC 27 1935, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22. 1935 to Dec 27. 1935

I last saw her alive on Dec 26. 1935 Death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Arterio Sclerosis)	Several years.
Other contributory causes of importance: Cardiac Decompensation	Dec 22

Was an operation performed? ✓ Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd City

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. If less than one year state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 27 1935

RH

F 18973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18973

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Park Ave St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Thos Leary

If U. S. Veteran specify WAR .....

(a) Residence: No. 908 Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Leary

6. DATE OF BIRTH (month, day, year) Nov. 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) 0037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Short

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Fannie Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Morgan

(Address) 908 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Va

Place Prince Edward Co. Date 12/28/35

19. UNDERTAKER Francis A. Hemsley

(Address) 917 W. Biddle St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-35

22. I HEREBY CERTIFY, That I attended deceased from 12-16-35, 19 .., to 12-27-35, 19 ..

I last saw him alive on 12-27-35. Death is said to have occurred on the date stated above, at 7:30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Bronchopneumonia	11 days
Measles	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Lee Ellis M. D.

(Address) 924 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

18974 F 18974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Druid Hill Ave St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Josephine Russell

If U. S. Veteran specify WAR .....

(a) Residence: No. 2406 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Russell

6. DATE OF BIRTH (month, day, year) March 15, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

FATHER

13. NAME Louis Davis

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Jane Lee

16. BIRTHPLACE (city or town) (State or country) Westmore Co Va

17. INFORMANT Mary Lee

(Address) Baltimore Co Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place John Wesley Cem Baltimore Co Md Date Dec 30 . 1935

19. UNDERTAKER Joseph A Lively

(Address) 2409 N Fremont Street

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/21 . 1935 to 12/25 . 1935

I last saw her alive on 12/24 . 1935 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

& Paralysis

Date of onset .....

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ben R Lutz M. D.

(Address) 2137 Druid Hill Ave

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 31 1935

18975 E 18975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 V

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 125 Warren Ave St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer C. Cohee

If U. S. Veteran specify WAR

(a) Residence: No. 125 Warren Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie A. Cohee

6. DATE OF BIRTH (month, day, year) Feb. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transportation Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton Carroll County

FATHER

13. NAME George Cohee

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Sarah A. Matthews

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Nellie Cohee

(Address) 125 Warren Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Hill Cemetery Date Dec. 28, 1935

19. UNDERTAKER Jud & Grauer Inc.

(Address) 123-5 W. Lanvale St.

20. FILED DEC 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935 to Dec 25, 1935

I last saw him alive on Dec 25, 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Myocardial Degeneration

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) John A. Schumuch M. D.

(Address) 1337 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 28 1935

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F 18976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 Lamont Ave. St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles J. Straub

(a) Residence: No. 1740 Lamont Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia M. Stoll Straub

6. DATE OF BIRTH (month, day, year) July 29th, 1868

7. AGE Years	Months	Days	If LESS than 1 day of hrs. or min.
67	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Straub

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah (Unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Sophia M. Straub (Wife)
(Address) 1740 Lamont Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec. 28, 1935

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave.

20. FILED DEC 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.26 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1935 to Dec 26 1935

I last saw him alive on Dec 25 1935 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Nephrosis	
Enlarged Prostate	

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? Prostate

Name of operation Cautery Date of 1935

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jas. L. Stokes M. D.

(Address) 3376 North Av

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should be careful that all information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18977

18977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2538 Frederick Ave St., 90 Ward)

Length of residence in city or town where death occurred ~~1~~ yrs. ~~80~~ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha F. Taylor

(a) Residence: No. 2538 Frederick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Taylor

6. DATE OF BIRTH (month, day, year) Aug 14 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	93	4	~~27~~ 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bath Co. Va

FATHER

13. NAME ? Mr. Gray

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Evelyn Hastings

(Address) 2538 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Dec. 28- 1935

19. UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26- 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset .....

Other contributory causes of importance:

Fracture Right Femur

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Fracture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Dec 24 1935

Where did injury occur? Front room of home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury fell on floor.

Nature of injury Fracture.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Robert Walters

18978

18978 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 95-B

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Walters

If U. S. Veteran specify WAR .....

(a) Residence: No. 1312 Weldon Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Foreman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert Walters

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Emma Gregg

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Annex Date Dec. 30, 1935

19. UNDERTAKER H. A. Marshall

(Address) 425 E. Fallsway

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1934 to 12-26, 1935

I last saw him alive on 12-26, 1935. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertensive Sclerosis	

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? [redacted] Date of [redacted]

For what disease or injury? [redacted]

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. P. Stephens, M. D.

(Address) Md Gen. Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful in giving information. AGE should be stated EXACTLY. PHYSICIANS should be careful in giving information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

DEC 30 1935

F 18979

M. D. H. 1268-9

F 18979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4505 St George Ave Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Russel Burnel Siggers If U. S. Veteran specify WAR

(a) Residence: No. 4505 St George Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 11-1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Russel Burnel Siggers

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Celestine Calloway

16. BIRTHPLACE (city or town) (State or country) Brooklyn Md

17. INFORMANT Russel Siggers
(Address) 4505 St George Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Dec 28, 1935

19. UNDERTAKER Mrs Katy P. Williams
(Address) 322 N Schroeder Ste

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis Pneumonia (Primary)	Dec 25 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 50 Augusta

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 30 1935

✓ F 18980

18980 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 Hanover St., 22 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Bishop

If U. S. Veteran specify WAR .....

(a) Residence: No. 722 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1-58

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Pocomoke City, Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sarah Findell
(Address) 722 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson's Date 12/29 35 19

19. UNDERTAKER Walter [redacted] Sons
(Address) 139 Hamphrey St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1935 to Dec 26 1935

I last saw h. alive on Dec 26 1935. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intersticial Nephritis	?
Uraemia	12/25

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury — 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) D. V. Lamell M. D.
(Address) 109 W. Hill St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 18981 ✓ F 18981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 N. Eden, St 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Pauline Eva Fuchs

If U. S. Veteran specify WAR .....

(a) Residence: No. 908 N. Eden, St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. W. Fuchs

6. DATE OF BIRTH (month, day, year): Aug 15 1849

7. AGE: 86 Years | 5 4 Months | 11 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

637

12. BIRTHPLACE (city or town) (State or country): Cincinnati Ohio

FATHER

13. NAME: Jacob Fischer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Francis Haid

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Miss Matilda Fuchs 908 N. Eden

18. BURIAL, CREMATION, OR REMOVAL: Place Balto. Cem. Date Dec 30 1935

19. UNDERTAKER (Address): J. Heumann & Son 325 Broadway

20. FILED ..... 19..... Registrar.

DEC 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/26/35

22. I HEREBY CERTIFY, That I attended deceased from 12/23/35, 19.. to 12/26/35, 19.. I last saw h.. alive on 12/26/35 Death is said to have occurred on the date stated above, at 11 12 Hm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Generalized arteriosclerosis	1933
Cerebral hemorrhage	1933
	1935
Other contributory causes of importance: Cardiac insufficiency	11/29/35

Was an operation performed? ..... Date of .....

What disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Bondon M. D.

(Address) 1516 North Ave

VS 3

F 18981 PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18982

F 18982 HEALTH DEPARTMENT—CITY OF BALTIMORE

160-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. John Hopkins Hosp St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beatrice B. Kahlert If U. S. Veteran specify WAR .....

(a) Residence: No. 907 S Decker Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 22 - 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

13. NAME Howard D Kahlert

FATHER

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Etta Drucker

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Howard D Kahlert
(Address) 907 S Decker Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Dec 24. 1934

19. UNDERTAKER Tillet Zurhorst
(Address) 1923 E Monument

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22. 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to h.. death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain injury due to birth	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schaefer Coroner M. D.

(Address) 1918 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

Use

DEC 26 1935

F 18983 ✓ F 18983

307599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Whelan

(a) Residence: No. 3421 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James

6. DATE OF BIRTH (month, day, year): 1-26-81

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: James Whelan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Murphy

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Records

18. BURIAL, CREMATION OR REMOVAL Place: New Cathedral Date: Dec. 30 1935

19. UNDERTAKER (Address): Fully & Zaglaras 1908 E Monument

20. FILED . 19 Registrar

DEC 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 26 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935, to Dec 26, 1935

I last saw her alive on Dec 26, 1935. Death is said to have occurred on the date stated above, at 8 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia, due to H. Influenzae.	12/11/35
Diabetes Mellitus	1922
Arterio-sclerosis	1914

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph J. Sadusk Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 18984 ✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 South Ann St St., 2 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walenty J. Andrysiak

(a) Residence: No. 709 S. Ann Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of XXXXXXX Mary Andrysiak

6. DATE OF BIRTH (month, day, year) Jan, 10th/1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milk Dairy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30yrs

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Andrysiak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Marcyanna Hoffman

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Mrs. Mary Andrysiak 709 South Ann Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaud Date Dec, 31st 1935

19. UNDERTAKER George A. Weber
(Address) 705 South Ann Street

20. FILED ... 19 ... Registrar.

DEC 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 35, to Dec 28 35, 19..

I last saw h[e] alive on Dec 28 1935 Death is said to have occurred on the date stated above, at 3.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema of Lungs.	

Other contributory causes of importance:

Arterio sclerosis - Hypertension & Myocarditis

Was an operation performed? No. Date of ...

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Schmuck M. D.

(Address) 1337 S. Charles St.

VS 3

If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Baby Girl Slade

If U. S. Veteran specify WAR _____

(a) Residence: No. University Hospital St. _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Dec 25, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) University Hospital Baltimore Md.

FATHER

13. NAME Jerry Slade

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elsena Bryan

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT (Address) Mrs. Thelma Slade, Place 1203 Thelma Place

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Dec 28, 1935

19. UNDERTAKER (Address) _____

20. FILED _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/35

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1935, to Dec 25, 1935.

I last saw her alive on Dec 25, 1935. Death is said to have occurred on the date stated above, at 12 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital: Atelectasis - Natural	1 Dec
	25
	1935

Other contributory causes of importance: _____

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) C. H. DeVilbiss, M. D.

(Address) Univ Hosp.

N. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

F 18986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Ross

if U. S. Veteran specify WAR .....

(a) Residence: No. 510 N. Robinson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 2, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sexton

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Philip Ross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Fisher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Cecelia Hoode (Niece)

(Address) 512 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place 1st. Evangelical Cem Date Dec. 29. 1935

19. UNDERTAKER Henry Sauer & Sons Inc Sergt A. Sauer

(Address) Baltimore & Broadway

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Surgery inquest, Autopsy or inquiry) thereon and from the evidence obtained by said Surgery inquest, Autopsy or inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1918 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

18987

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18987

CERTIFICATE OF DEATH

178-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 4509 Springdale Ave. St., 28 Ward)

2-FULL NAME Ruth E. Meink

(a) RESIDENCE NO. 4509 Springdale Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gordon E Meink

6 DATE OF BIRTH (month, day, and year) Dec. 28. 1908

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	26	11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Joshua Bidell

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Dora Mayer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Gordon E Meink
(Address) 4509 Springdale Ave.

15 Filed . 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above. 9:30 a.m.

The CAUSE OF DEATH* was as follows:
Illuminating gas poisoning
accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Circumstances

(Signed) C. Hann M. D.

. 19 (Address) 1215 Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Dec. 30 19 35

20 UNDERTAKER Horace F. Burgee — ADDRESS 363 Fallsway

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 18988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5920 Sefton Ave St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Vigna

If U. S. Veteran specify WAR .....

(a) Residence: No. 5920 Sefton Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luisa Vigna

6. DATE OF BIRTH (month, day, year) Feb. 11 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cosenza (State or country) Italy

FATHER

13. NAME Francesco Vigna

14. BIRTHPLACE (city or town) Italy (State or country)

MOTHER

15. MAIDEN NAME Fortunata Piscitelli

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Luisa Vigna

(Address) 5920 Sefton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Dec. 30 1935

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Bentley St.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 19 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1.	
2. Hypertension	
3.	
4.	
5.	
6.	

Other contributory causes of importance: Cerebral hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 29 1935

18989

F 18989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH Lydenham Hospital. Registered No.

CITY OF BALTIMORE: (No. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Lang. If U. S. Veteran specify WAR

(a) Residence: No. 381 Harrison Boulevard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 26, 1901 ~~1902~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33 34	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date decedent last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Munich Germany

FATHER

13. NAME Jacob Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rudolf Krieg (Sister) (Address) ? Feb. 1521

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Ridge Date Dec 28 19 35

19. UNDERTAKER L. J. Lechner & Son (Address) Ft Ave

20. FILED 19 Registrar

DEC 28 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1935 to Dec 27, 1935

I last saw him alive on Dec. 27, 1935 Death is said to have occurred on the date stated above, at 9:04 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	Dec 21

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stiles Jr. M. D.

(Address) Lydenham Hospital

M. D. B 1268-9

✓ F 18990

18990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4315 Wentworth Rd. St., (Ward) 27 ✓ 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Keller Birkett

(a) Residence: No. 4315 Wentworth Rd. St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen E. Birkett.

6. DATE OF BIRTH (month, day, year) Aug. 3. 1900.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fitch Dustdowner,

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charlestown W. Va.

FATHER

13. NAME Sebastian Birkett

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Emma Richleiter

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Mrs. Helen E. Birkett

(Address) 4315 Wentworth Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec 28 1935

19. UNDERTAKER Wm. Tukey & Sons

(Address) North & Penna Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 10 35 P.M.

The principal cause of death and related causes of importance were as follows:

Suicide by pistol.

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 12/27 1935

Where did injury occur? City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Pistol shot

Nature of injury wound through heart.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

F 18991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157c

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hosp St., Ward) 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Peter Pittaff — If U. S. Veteran specify WAR

(a) Residence: No. 1015 North Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26 1935

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Vernon Pittoff

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Crain

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Vernon Pittoff
(Address) 1015 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/28 1935

19. UNDERTAKER H. M. Jenkins Sons
(Address) 848 Linden Ave Collington Ave

20. FILED ... 19 ... Registrar

DEC 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1935, to Dec 27 1936.

I last saw him alive on Dec 27 1935. Death is said to have occurred on the date stated above, at 5:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal atelectasis	12-26-35
Congenital circulatory disturbance (patent ductus arteriosus)	12-26-35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Percy P. Hamburger M. D.
(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

F 18992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18992

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

Registered No. 25

CITY OF BALTIMORE: (No. 4106 Oakford Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence J. Fleckenger

(a) Residence: No. 4106 Oakford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence L. Fleckenger

6. DATE OF BIRTH (month, day, year) Aug 5. 1887.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yonkers, New York. New York.

FATHER

13. NAME Jacob Roos

14. BIRTHPLACE (city or town) (State or country) Holland.

MOTHER

15. MAIDEN NAME Emma Dykes

16. BIRTHPLACE (city or town) (State or country) Pittsburg, Penn. Yonkers, New York. Unknown. New York.

17. INFORMANT Mr. Clarence L. Fleckenger

(Address) 4106 Oakford Ave. (City)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hope Cemtry. Date Dec. 30. 1935

19. UNDERTAKER L. McWalter

(Address) Hanfield & Md.

20. FILED ..... 19.... ..... Registrar.

DEC 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1928 to Dec 27th, 1935

I last saw her alive on Dec 27th, 1935. Death is said to have occurred on the date stated above, at 10:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	1 day

Other contributory causes of importance:

Aortic Stenosis + hyper-tension	4 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. E. Poulton M. D.

(Address) 3101 Gunston Blvd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 18993

F 18993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Smith

If U. S. Veteran specify WAR. No Record

(a) Residence: No. 1634 S. Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Jacob

6. DATE OF BIRTH (month, day, year) 1/5/1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	22/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — " "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balt. (State or country) Md.

FATHER

13. NAME William Rousary

14. BIRTHPLACE (city or town) Hanford Co (State or country) Md

MOTHER

15. MAIDEN NAME Blanche Sanders

16. BIRTHPLACE (city or town) Hanford Co. (State or country) Md.

17. INFORMANT Records B. C. H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 30th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 29 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/14/35 1935 to 12/27 1935

I last saw h.. alive on 12/27 1935 Death is said to have occurred on the date stated above, at 7:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/14/35
Other contributory causes of importance:	
Cerebral Thrombosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Tobias Weinberg M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 18994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 18994

CERTIFICATE OF DEATH

95a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Barclay St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME S. Virginia Smith

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2415 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Alphens L. Smith

6. DATE OF BIRTH (month, day, year) Mar 29th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Oct 1905

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas. T. Abell

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Amendica Barbour

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nellie A. Smith

(Address) 2415 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Presbyterian (Govans) Date Dec 31st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED DEC 29 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29th, 1935 to Dec 28, 1935

I last saw h. alive on Dec 27th, 1935 Death is said to have occurred on the date stated above, at 7:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestion of Lung	Dec 24th
Auricular Fibrillation	June 1st

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. E. Poulton M. D.

(Address) 3701 Hamson Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

F 18995 ✓ F 18995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Westfield Ave 27 Ward) Lot

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Drew

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2807 Westfield Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) ~~HUSBAND of~~ WIFE of Robert H. Drew

6. DATE OF BIRTH (month, day, year) June 16th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Herman Hubers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Strouch

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Marie M. Foooble

(Address) 2807 Westfield Ave

18. BURIAL, CREMATION OR REMOVAL

Place London Park Date Dec 30th 1935

19. UNDERTAKER Wm. Cook

(Address) 1217 St. Paul St

20. FILED DEC 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1935 to Dec 27 1935

I last saw her alive on Dec 27 1935 Death is said to have occurred on the date stated above, at 10.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Arterio-Sclerosis)	Several years
Other contributory causes of importance: Cardiac Failure	Dec 27

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Morris H. Grew M. D.

(Address) 5543 Harford Rd City

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18996 Alter ✓ F 18996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 478

1. PLACE OF DEATH Mercy Hosp

Registered No.

CITY OF BALTIMORE: (No. ..... St., A Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Alter

If U. S. Veteran specify WAR .....

(a) Residence: No. 815 E Pratt St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	109	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John H. Alter

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Jane Heath

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Self

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Gamaville, Ohio Date 12/29/1935

19. UNDERTAKER E. L. Fanning Store

(Address) 1938 E. Lafayette Ave

20. FILED DEC 30 1935 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 7th. 1935 to Dec 28. 1935

I last saw h. m alive on Dec 28th 1935 Death is said to have occurred on the date stated above, at 10 00 A m.

The principal cause of death and related causes of importance were as follows:

Malignancy of Lung. — Date of onset

Other contributory causes of importance:

Metastases to liver + brain (?).

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Kane M. D.

(Address) Mercy Hosp.

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18997 ✓ F 18997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

N. B.—WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1910 Kennedy Avenue St., 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HARRIET ANN HAND — If U. S. Veteran specify WAR

(a) Residence: No. 1910 Kennedy Avenue St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced (HUSBAND of / WIFE of) Michael H. Hand

6. DATE OF BIRTH (month, day, year) Feb. 24, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Warnick

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Helen A. Hand

(Address) 1910 Kennedy Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 12/31 19 35

19. UNDERTAKER Chas. H. Fraser & Son

(Address) 118 W. Mt. Royal Ave

20. FILED 19 Registrar.

DEC 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27 19 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1935 to Dec 27 1935

I last saw h[illegible] alive on Dec 27 1935 Death is said to have occurred on the date stated above, at 9 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	12/24/35
Other contributory causes of importance: Chr Interstitial Nephritis	1928
Bronchial Asthma	1928

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas H Flautice M. D.

(Address) 3013 St Paul St

18998 HEALTH DEPARTMENT—CITY OF BALTIMORE 18998

95B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 Lakeview Ave Ward) 13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 42 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Robinson

(a) Residence: No. 2438 Lakeview Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10?

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Long

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ada ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Penbon Robinson

(Address) 801 Brooks Lane

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Herzing Cem. Date 12/29 19 35

19. UNDERTAKER Jos. S. Levi & Son

(Address) 1459 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

DEC 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/35

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27 19 35 to Dec. 27 19 35

I last saw her alive on Dec. 27 19 35 Death is said to have occurred on the date stated above, at 9.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12/27

Other contributory causes of importance:

unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Albert Goldstone M. D.

(Address) 902 Whitelock St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 18999

F 18999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD. St., / Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 46 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Rakowski

(a) Residence: No. 2703 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Antonelli Rakowski

6. DATE OF BIRTH (month, day, year) Feb 14 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Ignatius Rakowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonowicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Antonina Rakowski
(Address) 2703 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 30 1935

19. UNDERTAKER John M Weber
(Address) 401 S Chester St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26 1935

22. I HEREBY CERTIFY, That I attended deceased from December 25, 1935 to December 26, 1935

I last saw him alive on December 26, 1935. Death is said to have occurred on the date stated above, at 9 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic myocarditis	
3. Congestive Heart failure	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. M. Wagmueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE MD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

DEC 28 1935

M. D. [illegible] 19000 ✓ F 19000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Louise Ave. St., 27 (Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Evan Roberts.

(a) Residence: No. 2710 Louise Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Laura J. Roberts

6. DATE OF BIRTH (month, day, year) February 28, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Mail Line

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blaenau Wales

FATHER

13. NAME Robert Roberts

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Lloyd Roberts

(Address) 2710 Louise Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Pk. Date 12/27, 1935

19. UNDERTAKER Leonard J. Pauly

(Address) 2305 Harford Ave.

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 918 E. North Ave.

USE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

FEB 25 1936

M. D. P. 1268-9

F19001 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19001

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 Rivenside Ave St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Clark

(a) Residence: No. 1538 Rivenside Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas C. Clark. Deceased

6. DATE OF BIRTH (month, day, year): Oct 23 1850

7. AGE: Years 85 | Months 8 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Fergus D. Williamson

14. BIRTHPLACE (city or town) (State or country): Campbell Co., Va

MOTHER

15. MAIDEN NAME: Sarah L. Johnson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs. Allen

(Address) Fallsroad

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill, Date Dec 31, 1935

19. UNDERTAKER: R. S. Waghall

(Address) 3311 Fallsroad

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1935 to Dec 27 1935

I last saw her alive on Dec 27 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/19
Exhaustion	Dec 27th

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

Dec 28/35 (Signed) T. H. S. Compton M. D.

(Address) 1644 Hanover St

N. B.—WRITE PLAINLY. IF UNKNOWN, STATE IT AS NEARLY AS POSSIBLE. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19002 ✓ F 13002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Volunteers Hospital Ward) 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. O'Neill

If U. S. Veteran specify WAR

(a) Residence: No. 3220 Belvedere ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced, HUSBAND of (or WIFE of) Edith K. O'Neill

6. DATE OF BIRTH (month, day, year) Aug 2-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00-0

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Mathew O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna E. Mooney

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT James O'Neill

(Address) 2389 E North Ave

18. BURIAL, CREMATION, OR REMOVAL Mount Maryland Date Dec 31 35

19. UNDERTAKER A. L. Marshall

(Address) 3639 Falls Rd

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1935 to 12-28, 1935

I last saw him alive on 12-28, 1935 Death is said to have occurred on the date stated above, at 9.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1932

Other contributory causes of importance:

Endocarditis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Conway, M. D.

(Address) Vol. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

DEC 29 1935

F 19003

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19003

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 3419 Chestnut Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah J. Wilson

6. DATE OF BIRTH (month, day, year) Jan. 29 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10 11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fidelity Bldg.

10. Date deceased last worked at this occupation (month and year) Dec 26, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Wm E. Wilson

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Lottie Holland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Rec'd

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 12/30 1935

19. UNDERTAKER R. S. Marshall

(Address) 3539 Falls Road

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/26

Other contributory causes of importance:

Hypertension; Cardio Vascular D.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, when?

(Signed) Elmer B. Wallace M.D. Coroner

(Address) 1961 St. Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

MARGIN RESERVED FOR BINDING

F.M. D. 19004 ✓ F 19004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 48

1. PLACE OF DEATH Howard A Kelly Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 41 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thedah T. Christenson

(a) Residence: No. Canandaigua, New York St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced (or) WIFE of Edmund Christenson

6. DATE OF BIRTH (month, day, year) Jan 6 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) October 1935

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) East Bloomfield (State or country) New York

FATHER

13. NAME Edgar Page

14. BIRTHPLACE (city or town) East Bloomfield (State or country)

MOTHER

15. MAIDEN NAME Not known by informant

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Mr Edmund Christenson
(Address) 137 Main St North Canandaigua N Y

18. BURIAL, CREMATION, OR REMOVAL
Place Canandaigua N Y Date Dec 29 1935

19. UNDERTAKER John G. Miller
(Address) 2455 E. Eleventh St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1935 to December 29 1935

I last saw h.e alive on Dec 29 1935. Death is said to have occurred on the date stated above, at 7 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1935
Other contributory causes of importance:	
Diabetes Mellitus	1927

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edmund Kelly M. D.

(Address) 1415 Eutaw Place

F 19005

F 19005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 E. Wheeling St., 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Elizabeth Hennegen

If U. S. Veteran specify WAR .....

(a) Residence: No. 34 E. Wheeling St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hennegan

6. DATE OF BIRTH (month, day, year) Sept 14, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

8037

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Lowry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Ellen Ulet

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Henry Hennegen 34 E. Wheeling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 30, 1935

19. UNDERTAKER (Address) Bernard A. Fink 5135 Harford Road

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1931 to Dec 27, 1935

I last saw her alive on Dec 27, 1935, Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Rheumatoid Arthritis
General debility & degeneration.

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C Hann M. D.

(Address) 1215 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

DEPARTMENT

M. D. B. 1268-3

F 19006

F 19006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 186a

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 15 ... Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs Margaret E Brown

(a) Residence: No. 2526 Kenwarth St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank R. Brown

6. DATE OF BIRTH (month, day, year) Sept. 6, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Josephus Bevans

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Margaret Wilderman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Margaret E. Brown

(Address) 2526 Kenwarth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Ridge Cemetery Date June 30 1935

19. UNDERTAKER Richard E. Lee

(Address) 1201 Eutaw St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 820 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance: Arteriosclerosis Fracture of R Femur

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 22, 1935

Where did injury occur? In home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Fell off bed

Nature of injury Fracture of Right femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Wayne Coroner, M. D.

(Address) 145 Bannaway

F 19007 ✓ F 19007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 11

Length of residence in city or town where death occurred ... yrs. ... mos. 10 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR .....

2. FULL NAME Franklin Taylor.

(a) Residence: No. Salisbury, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Taylor

6. DATE OF BIRTH (month, day, year) Dec. 15-1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

FATHER

13. NAME Elisha J. Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Andrews

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elisha J. Taylor
(Address) Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury Md Date Dec 29 1935

19. UNDERTAKER George L. Lehnert
(Address) 210 E Baltimore St

20. FILED ..... 19.. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 12/19/35 19.. to 12/29/35 19..

I last saw him alive on 12/29/35 19.. Death is said to have occurred on the date stated above, at 8:42 a m.

The principal cause of death and related causes of importance were as follows: Date of onset

Cerebellar Tumor (Malignant)

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/27/35

For what disease or injury? Cerebellar Tumor

Name of operation Cerebellar Exposure Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. Karsner Albellar M. D.

(Address) 12/29/35

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19008

CERTIFICATE OF DEATH

× 137

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. The Church Home & Infirmary St., Ward) 6
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred never yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert C. French
(a) Residence: No. Lutherville, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Robt C. French

6. DATE OF BIRTH (month, day, year) Dec. 16, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73		12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 0068
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private School
10. Date deceased last worked at this occupation (month and year) Jan 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Massachusetts

FATHER
13. NAME Calvin French
14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER
15. MAIDEN NAME Harriet Porter
16. BIRTHPLACE (city or town) (State or country) Massachusetts

17. INFORMANT Major E.B. Garey
(Address) Fort Foote School, Home P.O. Fort Foote, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney Mem. Date Dec 30, 1935

19. UNDERTAKER J. Pryor Jones Inc
(Address) 4214 N. Broadway.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1931, to December 28, 1935
I last saw h[illegible] alive on December 28, 1935. Death is said to have occurred on the date stated above, at 2[illegible] P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy & urinary Obstruction	Oct 1931
(Resp)	
Other contributory causes of importance: Terminal Bronchopneumonia	Dec 26 35
Circulatory Failure & Chronic Nephritis	Dec 26, 35

Name of operation Supra pubic Prostatectomy Date of Nov 6, 35
What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carlton N. Adams, M. D.
(Address) Church Home Bty.

F 19009 ✓ F 19009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 N. Monroe Street St. 20 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 11 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR _____

2. FULL NAME Maria Jennie Biggs

(a) Residence: No. 509 N. Monroe Street. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Dec 15th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	74	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros Co. 4086

10. Date deceased last worked at this occupation (month, day, year) Dec 1931

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Jessups, Md.

FATHER

13. NAME John Wesley Biggs

14. BIRTHPLACE (city or town) (State or country) Jessups, Md.

MOTHER

15. MAIDEN NAME Sarah Jane Spears

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Iva C. Hands

(Address) 509 N. Monroe Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 30th 35

19. UNDERTAKER Wm J Ipkins & Sons

(Address) North & Penna Aves.

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1935 to Dec. 26 1935

I last saw her alive on Dec. 26 1935 Death is said to have occurred on the date stated above, at 10.10 a.m. P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (prim.)	12/21/35

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? P.E Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Homer A. Todd M. D.

(Address) 735 N. Fulton Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 1935

F 19010 ✓ F 19010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3033 Abell Ave St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Brown

If U. S Veteran specify WAR

(a) Residence: No. 3033 Abell Ave St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Brown

6. DATE OF BIRTH (month, day, year): Sept. 29, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Henry Schelly

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Roland Hurst

(Address) 3033 Abell Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Dec. 30 1935

19. UNDERTAKER: Wm. H. Ecker & Sons

(Address) North & Fallsway

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1930 to Dec 26 1935

I last saw h alive on Dec 26 1935 Death is said to have occurred on the date stated above, at 9.50 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 1930

Other contributory causes of importance:

Was an operation performed? no. Date of

For what disease or injury? none.

Name of operation none. Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. L. Gordy M. D.

(Address) 5106 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Harry L Bartholomay ✓ F 19011

F 19011

HEALTH DEPARTMENT—CITY OF BALTIMORE

92a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 N. Fulton Ave. St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Henry~~ L. Bartholomay

If U. S. Veteran specify WAR .....

(a) Residence: No. 2127 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie E. Bartholomay

6. DATE OF BIRTH (month, day, year) Feb. 25th 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ? Bartholomay

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Mrs Mamie Bartholomay 2127 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Dec. 30th 35

19. UNDERTAKER (Address) Wm J Tuckey & Sons North & Penna Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27th 35

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1935 to Dec. 27, 1935.

I last saw h[illegible] alive on Dec. 27, 1935. Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac failure	Nov/35
Acute Bronchitis	12/21/35
Other contributory causes of importance: Chronic Myo-& Endo-carditis	1934

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Maurice E. Shannon M. D.

(Address) 3700 N. Charles Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D [illegible] 1935

AaCo. 5-31 250B

F 19012 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19012

CERTIFICATE OF DEATH

95B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2615 Pinaliesbg St. 27 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Lucas

(a) Residence: No. 2615 Pinaliesbg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise Lucas

6. DATE OF BIRTH (month, day, year) Sept 15 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 3 -

12. BIRTHPLACE (city or town) (State or country) Northampton England

FATHER

13. NAME ? Lucas

14. BIRTHPLACE (city or town) (State or country) Northampton England

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Northampton England

17. INFORMANT Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dunmanway Date Dec 30, 1935

19. UNDERTAKER Wm J Tuckey & Sons
(Address) North & Eutaw Sts

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1935, to Dec 26, 1935

I last saw him alive on Dec 26, 1935, death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	

Other contributory causes of importance:
Arterio-sclerosis
Cystitis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an antopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel H. Culver, M. D.

(Address) 3611 Pinaliesbg St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19013

CERTIFICATE OF DEATH

47a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 West 25th St. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane McComb Primrose

If U. S. Veteran specify WAR .....

(a) Residence: No. 8 West 25th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary Carroll Primrose

6. DATE OF BIRTH (month, day, year) May 8 1870

7. AGE: Years 65 | Months 7 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Antique Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dep 0045

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Queens County Ireland

FATHER

13. NAME Thomas Primrose

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane McComb

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary C. Primrose

(Address) 8 W 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 30 1933

19. UNDERTAKER Wm. J. Frazier, Inc.

(Address) 1 E Saratoga

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8 1933 to Dec 27 1933

last saw h[illegible] alive on Dec. 27 1933. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	1933

Other contributory causes of importance

Metastases in Lungs.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry B. Kelly, M. D.

(Address) 2564 St. Paul St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 9 3

F 19014 ✓ F 19014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 W. Madison St., 11 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanor Lida Isberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 212 W. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Alexander Isberg

6. DATE OF BIRTH (month, day, year) Jan. 10, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yarmouth Nova Scotia

FATHER

13. NAME Wallace William Crosby

14. BIRTHPLACE (city or town) (State or country) Yarmouth Nova Scotia

MOTHER

15. MAIDEN NAME Catherine Edwards

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Catherine Isberg
(Address) 212 W. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place New York City Date Dec 30, 1935

19. UNDERTAKER Wm J Taykney & Sons
(Address) North & Penn Ave.

20. FILED Dec 30 1935 Fees ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 9th, 35 to Dec 27th, 35

I last saw h[illegible] alive on Dec 27, 35 Death is said to have occurred on the date stated above, at 12.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Other contributory causes of importance: Pulmonary Edema	12/24/35

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John D Seibert M. D.

(Address) 4803 Park Heights Ave

V S 3

I. B.—WRITE PLAINLY, with pen and ink. Use no abbreviations. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19015

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 E. Baltimore St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie T. Hooker

If U. S. Veteran specify WAR .....

(a) Residence: No. 2930 E. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Benson B. Hooker

6. DATE OF BIRTH (month, day, year) Apl 13 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Michael Welch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Calahan

16. BIRTHPLACE (city or town) (State or country) Ire.

17. INFORMANT Mrs Ingraut Fascont

(Address) 240 E 15th St. Chester, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Dec 30 1935

19. UNDERTAKER John A Inman

(Address) 2000 E. Baltimore St.

FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7th 1935 to Dec 27 1935

I last saw h alive on Dec 27 1935. Death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Hypertension

over

Was an operation performed? ... Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so specify ...

(Signed) Clara Bennett M. D.

(Address) 1813 E. Monument

DEC 30 1935

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 19016

F 19016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 18 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME [redacted] Della Ruth.

(a) Residence: No. 846 W. Bolt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: W= J. Ruth.

6. DATE OF BIRTH (month, day, year): Unknown 1883

7. AGE: Years: 52; Months: ; Days: ; If LESS than 1 day, hrs. or min.: .....

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Salisbury Maryland

FATHER

13. NAME: James Crouch

14. BIRTHPLACE (city or town) (State or country): Salisbury Md.

MOTHER

15. MAIDEN NAME: Indiana Taylor

16. BIRTHPLACE (city or town) (State or country): Salisbury Md.

17. INFORMANT: Mary Parsons - Sister

(Address) 621 Wadleigh Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bad Tent Md. Date: Dec. 30, 19..

19. UNDERTAKER: Chas. H. Fill.

(Address) [illegible]

20. FILED: DEC 23 1935, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma — Date of onset: .....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright, M. D.

(Address) 1010 S. Ellwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

DEC 23 1935

F 19017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19017

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Herbert St., 15 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick A. Koester

(a) Residence: No. 3000 Herbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mary B. Koester

6. DATE OF BIRTH (month, day, year) April 3, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Male Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Goetz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary B. Koester
(Address) 3000 Herbert St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/30/35

19. UNDERTAKER Edw. Lannigan Sr.
(Address) 1360 Pleasant

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7. 1935 to Dec. 28. 1935

I last saw HIM alive on Dec. 28. 1935. Death is said to have occurred on the date stated above, at 1:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/7/35
Other contributory causes of importance:	
Acute Dilatation of Heart	12/25/35

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Campbell M. D.
12/29/35 (Address) 1644 Hanover St.

VS 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Carrington

If U. S. Veteran specify WAR ....

(a) Residence: No. Sycamore ave St., ... Ward. Edgemere md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-29-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	34	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John Carrington

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Virginia Overby

16. BIRTHPLACE (city or town) (State or country) N. Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Va

Place Southhill Date 12/28/35

19. UNDERTAKER Robert E. Killian

(Address) 15-15 Moreday St

20. FILED DEC 28 1935 ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 19.., to Dec 27, 1935

I last saw h. alive on Dec 27, 1935 Death is said to have occurred on the date stated above, at 7.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Primary Pneumonia	12/20

Other contributory causes of importance:

None

Was an operation performed? no Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) John D Carrington M. D.

(Address) Johns Hopkins Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 28 1935

M. D. B. 12M-9 F 19019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19019

CERTIFICATE OF DEATH

94B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 E. Lombard St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Dunlap

If U. S. Veteran specify WAR W. W

(a) Residence: No. 1610 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa D.

6. DATE OF BIRTH (month, day, year) Feb 18 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sorter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Ammunition Plant Curtis Bay

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hamlet North Carolina

FATHER

13. NAME Alfred

14. BIRTHPLACE (city or town) (State or country) Hamlet N C

MOTHER

15. MAIDEN NAME Mary Elizabeth Mumford

16. BIRTHPLACE (city or town) (State or country) Hamlet N. C.

17. INFORMANT Alfred David

(Address) 1610 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Hamlet NC Date 12/29/35

19. UNDERTAKER Robert F. Williams

(Address) 1515 McElderry St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary occlusion	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. N. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

M. D. B. 1268-9

F 19020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19020

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1003 W. Cross St. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Malinda C. Dorguth

(a) Residence: No. 1003 W. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Dorguth

6. DATE OF BIRTH (month, day, year) October 31, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Mr Stahl

14. BIRTHPLACE (city or town) (State or country) W. Pa

MOTHER

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Norman Stripeey

(Address) 1003 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec. 31, 1935

19. UNDERTAKER Joseph H. Cook

(Address) 1005 W. Baltimore St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935 to Dec 27, 1935

I last saw her alive on Dec 27, 1935 Death is said to have occurred on the date stated above, at 11½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2 Days
Bronchitis	3 Wks

Other contributory causes of importance:

Name of operation ℓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ℓ Date of Injury , 19

Where did injury occur? ℓ (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury ℓ

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Hates, M. D.

(Address) 523 Scott St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 30 1935

F 19021 F 19021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34-107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: X yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Melvin Harris

(a) Residence: No. 6400 Idlewood Road St., Towson Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Teresa V. Harris

6. DATE OF BIRTH (month, day, year) Dec 28, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
75		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Nurse Dietist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins Hosp

10. Date deceased last worked at this occupation (month and year) Nov 1935 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Waynesboro Va

FATHER

13. NAME John Harris

14. BIRTHPLACE (city or town) (State or country) Va Va

MOTHER

15. MAIDEN NAME Lola Small

16. BIRTHPLACE (city or town) (State or country) Va Va

17. INFORMANT Teresa V. Harris
(Address) 6400 Idlewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Ellysford Va Date Jan 1st 1936

19. UNDERTAKER Joseph L. Cook
(Address) 1003 N. Eutaw St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 12-29-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-26-35, 19 to 12-29-35, 19

I last saw him alive on 12-29-35 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Acute Convulsions	Nov 26
Septicemia	Nov. 29

Other contributory causes of importance:

Multiple abscess
Bronchial pneumonia
Emphysema

Was operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. L. Howard, M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 1935

F 19022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19022

CERTIFICATE OF DEATH

V 98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maria Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1428 Druid Hill Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John -

6. DATE OF BIRTH (month, day, year) Nov 4 1842

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
93	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 12/30, 1935

19. UNDERTAKER Francis A. Hemeley

(Address)

20. FILED DEC 30 1935 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-14-35, 19..., to 12-27, 19..., 35

I last saw h.. alive on 12-27, 1935 Death is said to have occurred on the date stated above, at 7:24 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic gangrene right foot	2 Mo.
Other contributory causes of importance: Bronchopneumonia	3 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? none ~~Was there an~~ autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Robt. J. Nyatt M. D.

(Address) Balto City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19023

CERTIFICATE OF DEATH

✓ 93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5616 Cross Country Blvd. Ward) 27

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ...ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Rosenbush

(a) Residence: No. 5616 Cross Country Blvd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bena Rosenbush

6. DATE OF BIRTH (month, day, year) Sept. 27, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sampson Rosenbush

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Goldsmith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. G. Rosenbush
(Address) 5616 Cross Country Blvd.

18. BURIAL, CREMATION, REMOVAL
Place Balto. Hebrew Cem. Dec. 30, 19 35

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED ... 19... ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 26th, 1935, to Dec. 28th, 1935.

I last saw h... alive on Dec 27th, 1935. Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure Following:	Dec. 28-35
Chr. Myocarditis	
Arterio Sclerosis	
Hypostasis in	
Other contributory causes of importance:	
Sub acute Bronchitis in	2 mos.
Pneumonia	

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Michael A Abrams, M. D.

(Address) 2360 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 19024

F 19024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 66 E. Heath St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan B. Fisher

If U. S. Veteran specify WAR .....

(a) Residence: No. 66 E. Heath St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Fisher

6. DATE OF BIRTH (month, day, year) May 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Harvey.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Geo. Winhauer

(Address) 66 E. Heath St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec. 30 1935

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1935, to Dec. 28, 1935

I last saw her alive on Dec. 28, 1935 Death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Many years
Exhaustion	12/27/35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

12/30/35 (Signed) R. E. H. Campbell M. D.

(Address) 1644 Hanover St.

Information sought is required by law. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 19025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 19025

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 N. Carolina St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabelle Foreman

(a) Residence: No. 437 N. Carolina St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem	C.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Foreman

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 0021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belair Harford Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Lora Allen (Niece)
(Address) 1735 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date 12/30, 19 35

19. UNDERTAKER J. W. Chas S. Bailey
(Address) 1521 Jefferson St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Dec 27, 1935

I last saw her alive on Dec 26, 1935. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Dec 27, 35

Other contributory causes of importance:

Arterio Sclerosis	July 1935
Cardio - N Uplands	
Chr. Arthritis	

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. J. Young M. D.

(Address) 1429 E. Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19026 30742 6

F 19026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 17 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Pilling

If U. S. Veteran specify WAR .....

(a) Residence: No. 12 Middletown Court, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Rose

6. DATE OF BIRTH (month, day, year) 7/17/61

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brass Rolling Mill

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Wm Pilling

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Isabelle Fleming

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Near Haven Cem 12-30- 1936

19. UNDERTAKER Geo. W. Jenkins & Son Co.

(Address) Orchard & McCulloh Sts

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1936 to Dec 29, 1936

I last saw him alive on Dec 24, 1936. Death is said to have occurred on the date stated above, at 6:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
The pneumonia	12-14-36
pulmonary the	?
Chronic bronchitis	1932
Malnutrition	1933

Other contributory causes of importance:

Arteriosclerosis	?
Arteriosclerotic heart disease	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-Ray Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carl E. Burkland, M. D.

(Address) J. H. H.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 30 1936

M. D. B 1268-9

F 19027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19027

CERTIFICATE OF DEATH

✓210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 9 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Robinson.(C)

(a) Residence: No. 2216 Oak St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of Janey Robinson.(C)

6. DATE OF BIRTH (month, day, year) March 31, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman & Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. & Pa. R. R. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Janey Robinson(wife)

(Address) 917 Argyle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec. 31, 1935

19. UNDERTAKER Mrs Kate A. Williams

(Address) 222 N Schroeder St

20. FILED DEC 30 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed di... Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 25 19 35

Where did injury occur? North Ave. near Oak St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto while walking across St

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt, M. D.

Coroner

(Address) 1017 N. Charles St.

12/28/35

DEC 30 1935

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

F 19028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19028

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 518 N. Monroe St St., 20 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Fritz

(a) Residence: No. 518 N. Monroe St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C. Fritz

6. DATE OF BIRTH (month, day, year) Nov. 9-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ephraim Little
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Kella
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. James H. Logue
(Address) 518 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Dec. 31- 1935

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1935 to Dec 28 1935

I last saw h alive on Dec 28 1935 death is said to have occurred on the date stated above, at 5:10 A m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	6 yrs
Hypertension	6 yrs.
Contributory cause	
Nephritis	2 yrs
	over

Other contributory causes of importance:

Cardiac Insufficiency	4 da

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. W. Towner, M. D.

(Address) 826 Hamilton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19029

F 19029 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-c

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1 Phelps Lane St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert F. Arnold

(a) Residence: No. 1 Phelps Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) June 25th 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Howard Arnold

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER

15. MAIDEN NAME Ethel Enos

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md,

17. INFORMANT Howard Arnold
(Address) 1 Phelps Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date Dec. 30- 1935

19. UNDERTAKER Charles J. Schwab
(Address) 505 N Monroe St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27 th., 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above, 9.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Broncho-Pneumonia.

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 30 1935

Spec. 4-31-35—M. & T.—2000 Bks.

F 19030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19030

CERTIFICATE OF DEATH.

1605

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 E Read. ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Toby Magnes

(Residence in Baltimore: No. 14 E Read. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	

6-DATE OF BIRTH. Dec 29, 1850
(Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Md

PARENTS.

10-NAME OF FATHER. Chas H Magnes Jr.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Alice Neuhaus Evans

13-BIRTHPLACE OF MOTHER (State or Country). N. Carolina U S A.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H Magnes

(Address) 14 E Read St

15-

Filed ..... 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 29th, 1935
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1935, to Dec 29 1935, that I saw h[illegible] alive on Dec 29th 1935, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation.
Hyp. Heart.
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis
(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas H Magnes M. D.

..., 191... (Address) 14 E Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL. Dec 31, 1935

20-UNDERTAKER Mark McDuppel ADDRESS 37 S Amity

DEC 30 1935

I. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19031

F 19031 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Wright

If U. S. Veteran specify WAR

(a) Residence: No. 912 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Noanie Wright

6. DATE OF BIRTH (month, day, year) Aug 25-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Noanie Wright

(Address) 1307 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Dec 31st, 1935

19. UNDERTAKER Geo. P. Allen & Son

(Address) 1363 Presstman St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 25 1935
Bilateral	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? (Was there an autopsy?)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. P. Allen, M. D.

Coroner

(Address) 1363 Presstman St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

M. D. B. 1268-9

F 19032

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19032

CERTIFICATE OF DEATH

62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1530 N. Dilmon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) 1880

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elizabeth Hatchett

(Address) 1530 N. Dilmon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Dec 30, 1935

19. UNDERTAKER Thomas E. Kelsey

(Address) 1303 Pennsylvania Ave

20. FILED DEC 30 1935, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellegra	
Other contributory causes of importance: gangren bilateral legs — malnutrition	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1010 S. Eutaw St. Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 30 1935

M. D. H. 1268-9

F 19033

F 19033 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital St., Ward) 16

Registered No. 107a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna L Davis If U. S. Veteran specify WAR

(a) Residence: No. 1126 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Steve Purvey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Baltimd

17. INFORMANT Mary Davis

(Address) 1126 Whatcoat St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Dec 30. 1935

19. UNDERTAKER Thomas E. Kelly

(Address) 1353 Pennsylvania Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Dec 26 1935
Pneumonia	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Dolphin St

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19034 F 19034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-105

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 16 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archie Brown
If U. S. Veteran specify WAR

(a) Residence: No. 1013 Mount st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870-75 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60-65 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julian Mack

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 30 1935

19. UNDERTAKER Percy E. Kelly
(Address) 1588 Pitcher St.

20. FILED . 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27 1935

22. I HEREBY CERTIFY, That I attended deceased from December 10 1935 to December 27 1935

I last saw him alive on December 27 1935 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Obstruction - due to syphilis	Un-known.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Arthur Karlzin M. D.
(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19035

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hosp. St., 22 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 29 da. How long in U. S. If of foreign birth 62 yrs. 4 mos. 29 da.

2. FULL NAME Arthur Jackson (Arthur Leslie Jackson) If U. S. Veteran specify WAR NONE

(a) Residence: No. 4807 Edmondson Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie M. Jackson

6. DATE OF BIRTH (month, day, year) July-29-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law 1042

10. Date deceased last worked at this occupation (month and year) Sept 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Elisha M. Jackson

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Martha J. Allison

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mrs Sadie M. Jackson (wife)

(Address) 4807 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 30 1935

19. UNDERTAKER Stewart M. Smith (Asst)

(Address) 1830 Madison Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-19-35, 19 , to 12-28-35, 19

I last saw him alive on 12-28-35, 19 . Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Diabetes mellitus	

Other contributory causes of importance

Myocardial Failure

Bronchopneumonia

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen. Hosp.

vs 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19036

CERTIFICATE OF DEATH

V 88

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hilary Bredenberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 718 Portland St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Bredenberg

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Elizabeth Leonard

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT mother

(Address) 718 Portland St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 2, 1936

19. UNDERTAKER John J. Minnan

(Address) 3000 E. Baltimore St.

21. FILED ..... Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1935, to Dec. 29, 1935

I last saw him alive on Dec. 29, 1935. Death is said to have occurred on the date stated above, at 12:00 Noon

The principal cause of death and related causes of importance were as follows:

Fibroma of right antrum and nasal pharynx (Benign tumor) — Date of onset Sept. 1935

Other contributory causes of importance:

Retro-pulpar abscess (2) — Date of onset Sept. 1935

Meningitis

Was an operation performed? Yes Date of Dec. 27, 1935

For what disease or injury? Retro-pulpar abscess (2)

Name of operation Incision & Drainage Date of Dec 27/935

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Leonard, M. D.

(Address) Emergency Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 8

F 19037 F 19037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alberta Johnson

(a) Residence: No. 1024 Rear Alley 23 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hubert

6. DATE OF BIRTH (month, day, year) 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Henry Turner

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Matilda Foster

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemty Date Jan 1 . 19 36

19. UNDERTAKER Walter B. Jones

(Address) 139 W. Hoffman St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-19 . 1935 to 12-27 . 1935

I last saw her alive on 12-27 . 1935. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma inguinale & rectal stricture	?
	over
Other contributory causes of importance: Ansemia	?

Was an operation performed? Yes Date of 9-25-35

For what disease or injury? Rectal stricture

Name of operation Colotomy Date of

What test confirmed diagnosis? Frei test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Robt. F. Mantz M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19038 Goldburn F 19038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No.

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Natalia Goldburn If U. S. Veteran specify WAR

(a) Residence: No. 408 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Goldburn

6. DATE OF BIRTH (month, day, year) Sept. 16 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William J. Finkbrand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William J. Goldburn
(Address) 928 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer 12/31/35 19

19. UNDERTAKER Kendall & Sheppard
(Address) 1423 E. Baltimore St.

20. FILED . 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 . 1935 to Dec 28 . 1935

I last saw her alive on Dec 26 . 1935 Death is said to have occurred on the date stated above, at 1:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of cervix	
2. Metastases	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) J. M. Wagenseller . M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19039

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19039

CERTIFICATE OF DEATH

V 93c

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2211 Rogers St., 2 Ward)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Tindall

(a) Residence: No. 2211 Rogers Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Apr 25 1850

7. AGE: Years 85 | Months 8 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Richard Tindall

14. BIRTHPLACE (city or town) (State or country): Howard Co Md

MOTHER

15. MAIDEN NAME: Catherine Harry

16. BIRTHPLACE (city or town) (State or country): Howard Co Md

17. INFORMANT: Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 12/30 1935

19. UNDERTAKER: Wm E Fowler

(Address) 1217 Eutaw St

20. FILED ... 1935 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Ed Dedenbach M. D.
Coroner

(Address) Coroner

M. D. B. 1268-9

F 19040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19040

186a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James B. Cassady

(a) Residence: No. 701 N. Kenwood Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Cassady

6. DATE OF BIRTH (month, day, year) February 25 1861

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Various Places

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME John Cassady

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Catherine Cassady

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Walter Cassady

(Address) 1703 N. Fay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 31 1935

19. UNDERTAKER Leo G. Cook

(Address) 1703 N. Patterson Park ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Neck of Rt. Femur	6 days

Other contributory causes of importance:

Anemia

Was an operation performed? Yes Date of 12/23/35

For what disease or injury? Fracture of Femur

Name of operation Application of Cast Date of 12/23/35

What test confirmed diagnosis? Clinical & X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-22 1935

Where did injury occur? Home - Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Stairs

Nature of injury Fracture of Neck of Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1918 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. P. 1268-9

F 19041

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19041

CERTIFICATE OF DEATH

V 93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 W. Fayette St. 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Sullivan

(a) Residence: No. 1834 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Sullivan

6. DATE OF BIRTH (month, day, year) November 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret Sullivan
(Address) 1834 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 12/31/ 1935

19. UNDERTAKER John F Cowan & Son
(Address) 901 Hollins St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/ 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20 1935 to Dec 28 1935

I last saw him alive on Dec 24 1935 Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac failure	hr
Other contributory causes of importance: Chronic Myocarditis Hypertension Arteriosclerosis Senility	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A Palas MD M. D.

(Address) 4 N. Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

Cor.—12-9-25—A Co.—200 Bks.

19042 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19042

CERTIFICATE OF DEATH.

1820

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Central Police Station Ward 4)

2-FULL NAME Charles Quinn

(a) RESIDENCE NO. no residence St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) U. S.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Dont know

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Dont know

14 Informant Edgar S. Miller

(Address) 1737 E. Baltimore St

15 Filed _____, 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) Chas B Wallace (Coroner)

, 19 (Address) 1031 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

MD Barnet Cem Dec 31, 1935

20 UNDERTAKER ADDRESS

A. Howard Evans 140 N Charles

Be sure that each question is answered. If unknown or if not applicable, write "unknown" or "not applicable," as the case may be. Please remember that OCCUPATION is very important. See instructions on back of certificate.

F 19043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122a

F 19043

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 27 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Goetz

(a) Residence: No. 3004 Westfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced (or) WIFE of Adam Goetz

6. DATE OF BIRTH (month, day, year) Oct 29 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	✓		1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Frederick Kennert
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Adam Goetz
(Address) 3004 Westfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cem Date 1/1/35 19

19. UNDERTAKER Leonard Lynch
(Address) 1305 Hilford Rd

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1935 to Dec 29 1935
I last saw h~~er~~ alive on Dec 29 1935 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Femoral hernia - strangulated	
2. Peritonitis	
3. Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? yes Date of 12-27-35
For what disease or injury Femoral Hernia - rt
Name of operation Hernia Plasty Date of 12-27-35
What test confirmed diagnosis clinical? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) F. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AFH

M D B 1268-9

F 19044

F 19044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 22 St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Karalus

If U. S. Veteran specify WAR .....

(a) Residence: No. 405 S. Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Louis Karalus
(Address) 405 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Sepulchre Date Dec. 31, 1935

19. UNDERTAKER John Gretkiewicz
(Address) 433 S. Paca St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) R. W. Wright, Coroner M. D.

(Address) 1010 S. Ellwood Ave

F 19044

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. P. 1268-9

19045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19045

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St., 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Lilly.

(a) Residence: No. Laurel Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of Cecelia Lilly.

6. DATE OF BIRTH (month, day, year) July 14, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME William Lilly.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Laura Adrean.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Cecelia Lilly.(wife)
(Address) Laurel, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Savage Md Date Jan 1st 1936

19. UNDERTAKER Floyd Kruger
(Address) Laurel Md.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Inquest Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 29 1935

Where did injury occur? Near Laurel, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck and knocked down by automobile Standing in road.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Otto R Reinhardt M. D.
Coroner

12/30/35 (Address) 1017 N. Charles St.

F 19046

19046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Holloway Lotus

If U. S. Veteran specify WAR .....

(a) Residence: No. 2947 Georgia Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/27/35

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Archer L. Holloway.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Dorothy L. Wedinger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Jeff. Med. School Date Dec 30 1935

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19.. Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/28/35, 1935, to ....., 19.....

I last saw her alive on 12/28, 1935. Death is said to have occurred on the date stated above, at 2 [illegible] P.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar 5-5½ months	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19047

F 19047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5/c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Credit

(a) Residence: No. 306 N. High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Jan 13, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 30 1935

19. UNDERTAKER
(Address)

20. FILED 1935 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1935 to Dec 22 1935

I last saw him alive on Dec 22 1935. Death is said to have occurred on the date stated above, at 1 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lamielle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

1974

F 19048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19048

160 B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Girl Wisniewski

If U. S. Veteran specify WAR .....

(a) Residence: No. Balto. City Hosp. St., 1006 S Conkling St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	W.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-25-35

7. AGE	Years	Months	Days	If LESS than 1 day, ½ hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Wisniewski

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Myrtle Burke

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 30, 19 35

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19 ..... Registrar.

DEC 30 1935

1975 M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1935 to 12-25, 1935

I last saw her alive on 12/25, 1935 Death is said to have occurred on the date stated above, at 6:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Placenta Praevia	
Prematurity	

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. B. Smith M.D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-21-28—L. F. S.—800 Bks.

19049 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19049

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 W Lexington ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy Johnson

(a) RESIDENCE NO. 1504 W Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 3 mos. — ds. — How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Single

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
16	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work G. H. W. 0470

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Tumpland Va.

PARENTS

10 NAME OF FATHER Spencer Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Tumbland Va

12 MAIDEN NAME OF MOTHER Mary Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Uncle Mr. Johnson

(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29/35

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1935, to Dec 29, 1935, that I last saw her alive on Dec 28, 1935 and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Marsh Test

(Signed) Luther R. Fulty, M. D.

, 19 (Address) 1409 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL North Tumbland Co V/H

DATE OF BURIAL 12/30 1935

20 UNDERTAKER Edmondson

ADDRESS 1000 Brantley Ave

important. See instructions on back of certificate.

M. D. F. 1303-2

19050

✓ F 19050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Hospital for the Women of Maryland St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Sarah Chisam Sarah Knox Chism

(a) Residence: No. Old Court Road Pikesville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 15, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard T. Chism

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Mackey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Samuel H. Shriver
(Address) Pikesville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Dec 31. 1935

19. UNDERTAKER John A. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1935 to 12-29 1935

I last saw her alive on 12-28 1935 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - lobar	?
Arteriosclerotic heart disease - coronary thrombosis	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry M. Hansen, M. D.

(Address) Women's Hospital

V. S. 3

OCCUPATION is very important. See instructions on back of certificate.

F 19051

F 19051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Batson

(a) Residence: No. 1035 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Batson

6. DATE OF BIRTH (month, day, year) April 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ? Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 12/31 , 19 30

19. UNDERTAKER Edward F. Stanley

(Address) 818 Druid Park Drive

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24 , 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from 12/23 , 19 30 to 12/24 , 19 30

I last saw h[illegible] alive on 12/24 , 19 30 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis ???	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? ?

If so, specify

(Signed) Tobias Weisberg. M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

F 19052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145a - 91a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 16
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Willinette Pulley
(a) Residence: No. 1037 Brantley Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kennard

6. DATE OF BIRTH (month, day, year) 6-19-14

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME George Minor
14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER
15. MAIDEN NAME Mamie Dillard
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pratt Cemetery Date 1/31/35

19. UNDERTAKER Benson & Hemsley
(Address) 818 Druid Hill Ave

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1935, to 12-27, 1935.
I last saw h[illegible] alive on 12-27, 1935. Death is said to have occurred on the date stated above, at 3 40/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis	Jan.
Other contributing causes of importance: Acute Bacterial Endocarditis	?

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt F Martin M. D.
(Address) Balto City Hospt

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Virgie Suggs.

F 19053

F 19053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 McCulloh St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virgie Suggs

If U. S. Veteran specify WAR .....

(a) Residence: No. 1631 McCulloch St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ford Suggs

6. DATE OF BIRTH (month, day, year) June 4 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belmont N.C.

FATHER

13. NAME Miles Suggs

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Ellen Currance

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Flora Suggs (Address) 1631 McCulloch St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Dec 30 1935

19. UNDERTAKER Archibald A. Haddis (Address) 210 McCulloch St.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia,	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Hays Coroner. M. D.

(Address) 215 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19054

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

F 19054

CERTIFICATE OF DEATH

REGISTERED NO. _____

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3800 Chatham Rd ST., 15 WARD)

2—FULL NAME August Fauldrath

(a) RESIDENCE NO. 3800 Chatham Rd ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 11 mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Fauldrath

6 DATE OF BIRTH (month, day, and year): Jan. 21-1855

7 AGE: Years 80 | Months 11 | Days 8 | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 0045

(b) General nature of industry, business, or establishment in which employed (or employer): Paint & Wdw. Dealer

(c) Name of employer: Retired 25 years

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Christopher Fauldrath

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Jeannette Lentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs H. Schreitz

(Address): 3800 Chatham Rd

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 29-1935

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5-1935, to Dec 29, 1935, that I last saw h[illegible] alive on Dec 29-11 A.M. 1935 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis,
Gangrene of lower left extremity,

3 months (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gangrene Int. Hopkins Cut

(Signed) [illegible] M. D.

. 19 (Address) 1266 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec 31 1935

UNDERTAKER: Chas. E. Franch

ADDRESS: 802 Madison Ave

important. See instructions on back of certificate.

19055 ✓ F 19055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3430 Dillon St., 36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Clark Kelley

(a) Residence: No. 3430 Dillon St., 36 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Kelley

6. DATE OF BIRTH (month, day, year) Aug 18 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

FATHER

13. NAME John Kelley

14. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

MOTHER

15. MAIDEN NAME Nellie Brown

16. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

17. INFORMANT Margaret Kelley (wife)
(Address) 3430 Dillon St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Jan 1 1936

19. UNDERTAKER Lilly E Zeiler & Son
(Address) 403 So Wolfe St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec - 19 1935 to Dec 28 - 1935

I last saw h(im) alive on Dec 28 - 19 35 Death is said to have occurred on the date stated above, at 6 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Leonard J. Kochman M. D.

(Address) 350 Fairfax

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 9

F 19056

19056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144a - 107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 26 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ingalls Irene Bass

(a) Residence: No. 1206 S Conkling St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilmer Bass

6. DATE OF BIRTH (month, day, year) May 9, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	30	7	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Berke

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Della Bugh

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Husband Robert Berke

(Address) 1318 S Conkling Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date Jan 1 1936

19. UNDERTAKER Fally & Fyler Inc

(Address) 405 W Pratt St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1935 to Dec 28 1935

I last saw h[illegible] alive on Dec 28 1935 Death is said to have occurred on the date stated above, at 9 5/6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobular	12/28
Placenta previa	12/25
Anemia	12/17

Other contributory causes of importance:

Was an operation performed? yes Date of 12/25/35

For what disease or injury? placenta previa

Name of operation Cesarean sec + hysterectomy Date of 12/25

What test confirmed diagnosis? opsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elizabeth L Campbell M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 9

19057 F 19057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 18

Registered No. 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edmund George Prince

(a) Residence: No. Maple Ave St., Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia M. Prince.

6. DATE OF BIRTH (month, day, year) Oct 6, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warden

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Forestry

10. Date deceased last worked at this occupation (month and year) 1908

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dickeysville Md

FATHER

13. NAME John Prince

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Joanna Evans

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs J. P. Baker (daughter)

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Place Prospect Hill Cem Date Dec. 31, 1935

19. UNDERTAKER Easton Bros

(Address) Ellicott City, Md.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935 to Dec 30, 1935

I last saw h. alive on Dec 30, 1935 Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	12-25-35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis D. Schweitzer M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 19058

19058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No. 18

CITY OF BALTIMORE: (No. 903 W. Fayette St., Ward) 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Davis

(a) Residence: No. 903 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of John Howard Davis

6. DATE OF BIRTH (month, day, year) 7. 7. '83

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) June, 1928

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) East Newmarket Md.

FATHER

13. NAME Frank Lee

14. BIRTHPLACE (city or town) (State or country) East Newmarket Md.

MOTHER

15. MAIDEN NAME Sarah Jane Lee

16. BIRTHPLACE (city or town) (State or country) East Newmarket Md

17. INFORMANT Bernard Davis
(Address) 865 Vine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 31, 1935

19. UNDERTAKER Mrs Katie R. Wilkins
(Address) 322 S Schroeder St.

20. FILED . . 19 . Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.28.35. 19

22. I HEREBY CERTIFY, That I attended deceased from December 25. 1935. to December 28. 1935

I last saw her alive on December 28. 1935 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar Pneumonia	12.25.35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Pair M. D.

(Address) 865 W. Lexington St

F 19059

19059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH Sydenham Hospital

Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 33 yrs. 2 mos. 6 da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Preston Blakes.

(a) Residence: No. 517 N. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 23, 1902.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture store.

10. Date deceased last worked at this occupation (month and year) Dec. 24.

11. Total time (years) spent in this occupation 0014

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Blakes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Susie Wise

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/31/35 19

19. UNDERTAKER Robert F. McClain
(Address) 1515 N. Gilmor St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1935 to Dec. 29, 1935

I last saw h[illegible] alive on Dec. 29, 1935. Death is said to have occurred on the date stated above, at 7:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis,	Dec 26.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm C. Stifler M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

19060 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19060

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St., Ward)

Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clayton Christian

If U. S. Veteran specify WAR

(a) Residence: No. 1633 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-12-1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Richard Christian

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mildred

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Auburn Date 1/2/36 19

19. UNDERTAKER Robert B. Wickes
(Address) 1515 Edmondson Ave

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-4 1935 to 12-29 1935

I last saw him alive on 12-29 1935 Death is said to have occurred on the date stated above, at 1:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Rt. Upper	?
Empyema, Left Apex	10-10-35
Staphylococcus Albus Septicemia	10-10-35

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-21-35

For what disease or injury? Tuberculosis Rt. Apex

Name of operation Thoracoplasty Date of 11-21-35

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) Robt. J. Wyatt M. D.

(Address) Balto City, Md.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19061

19061 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Virginia Burns

(a) Residence: No. 1236 Ashland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-16-1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Clarence

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Selena

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Cem Date 1/2/36 19

19. UNDERTAKER Robert T. Williams
(Address) 15-15 St. McCulloh St

20. FILED ... 19 ... Registrar

APR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1935 to 12-29, 1935

I last saw h[illegible] alive on 12-29, 1935 Death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis of Rt. Tibia (acute - non-hematogenous	12-23-35
Other contributory causes of importance: Bronchopneumonia	12-28-35

Was an operation performed? Yes Date of 12-27-35

For what disease or injury? Acute osteomyelitis

Name of operation Osteotomy Date of 12-29-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify .....

(Signed) Robert F. Martin M. D.

(Address) Balto City Hosp, Md.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

19062 F 19062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4325 Gwynnbrook Ave Ward) 27

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Margaret M Rice

(a) Residence: No. 4325 Gwynnbrook Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1862

7. AGE — Years 73 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Rice

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Purcell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Rice

(Address) 4325 Gwynnbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary Cem Date Dec 31. 1935

19. UNDERTAKER Mary M Winkler

(Address) 501 E 22nd St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1935, to December 28, 1935

I last saw her alive on December 28, 1935 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Dec. 26 1935
Other contributory causes of importance:	
Chronic Arthritis Deformens	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ---

(Signed) Geo. W. Thompson III M. D.

(Address) 401 East 25th Street

OCCUPATION is very important. See instructions on back of certificate.

V 53

F 19063

19063 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

824

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. 4509 Frederick Ave Ward) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Henry J Vinyard

(a) Residence: No. 4509 Frederick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Laura H Vinyard

6. DATE OF BIRTH (month, day, year): May 10 1854

7. AGE: Years 81 | Months 7 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Wm Vinyard

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Margaret Meyers

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs E B Hamm

(Address) 4509 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Mem 12/30

19. UNDERTAKER: Geo G Fahey Fleetwood Fayette

(Address)

20. FILED ____ 19 ____ Registrar

RH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935 to Dec 28, 1935

I last saw him alive on Dec 28, 1935. Death is said to have occurred on the date stated above, at 5 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 10 1935

Other contributory causes of importance:

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Eugene L Pearson M. D.

(Address) 514 Druid Lane

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19064

CERTIFICATE OF DEATH

94B

Registered No. 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2tnr. ~~City~~ State of Virginia. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ---mos.---ds. How long in U. S. If of foreign birth 50 yrs. ---mos.---ds.

2. FULL NAME Bernard J. Prissman.

(a) Residence: No. Cloverdale Apts. Linden Ave & Shauncey Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of Wollie H. Prissman.

6. DATE OF BIRTH (month, day, year) June 10-1873 June 10, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62 ~~64~~	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jewelry salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Ben Prissman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Harrold Prissman.(son)
(Address) Cloverdale Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Pl. Beth Shalom Dec. 31, 1935

19. UNDERTAKER Herd Sondheim & Son
(Address) 1902 Eutaw place

20. FILED ___, 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___ Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Occlusion of the Coronary Arteries.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ___, 19___

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto H. Reinhardt, M. D.
Coroner

12/30/35 (Address) 1017 N. Charles st.

Occupation is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19065

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 N Front St., 5 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M Cey

(a) Residence: No. 4 N Front St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Cey

6. DATE OF BIRTH (month, day, and year) March 2, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 1051

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fisher Co

10. Date deceased last worked at this occupation (month and year) 1935 | 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ferdinand Cey

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Leonard Cey
(Address) 110 N Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudenslager Date 12/31, 1935

19. UNDERTAKER Wm Cole
(Address) 1217 St Paul St.

20. FILED 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas B. Ballard M. D. Coroner

(Address) 1031 St. Paul St.

✓ F 19066

19066

HEALTH DEPARTMENT—CITY OF BALTIMORE

139-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Md. General Hosp.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22 (Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Anna L. Fleischman

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 5509 Sefton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr. F Lindsman

6. DATE OF BIRTH (month, day, year) May 23rd 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) Dec 13th 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME David Markley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Katherine Sharp

16. BIRTHPLACE (city or town) (State or country) Jarrettsville Md

17. INFORMANT (Address) Calvin D. Fleischman 5509 Sefton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 12 1935

19. UNDERTAKER (Address) W. M. Cook 1212 E. Gould

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29/35

22. I HEREBY CERTIFY, That I attended deceased from 12/15/35 19..... to 12/29/35 19.....

I last saw h[illegible] alive on 12/29 1935 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prolapse Uterus	
Pneumonia	
Cardiac Failure.	

Other contributory causes of importance:

Was an operation performed? yes Date of 12/6/35

For what disease or injury Prolapse Uterus

Name of operation Interposition Uterus

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) John W Barnaby M. D.

(Address) Maryland General Hosp

M. D. B 1268-9

✓ F 19067

19067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St.) Ward) 20 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William J. Rial No War Record

(a) Residence: No. 149 S. Milton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Elizabeth Rial

6. DATE OF BIRTH (month, day and year) June 7, 1868

7. AGE: Years 77 | Months 6 | Days 22 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co 31

10. Date deceased last worked at this occupation (month and year) 1925 | 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Rial

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William J. Rial
(Address) 2504 Hilldale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 1/2 1936

19. UNDERTAKER J. M. Cook
(Address) 1212 E. Baltimore St

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombus — Date of onset .....

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

19068 F 19068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 1/2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No War Record

2. FULL NAME Mr. MacDonald Garrettson

(a) Residence: No. 314 E. 28th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~wife of~~ Daisy L. Garrettson

6. DATE OF BIRTH (month, day, year) July 29th 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contracting Business

10. Date deceased last worked at this occupation (month and year) Dec 2nd 1935

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Franklin W. Garrettson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Whitson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Daisy L. Garrison

(Address) 314 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Darlington Md Date Dec 31st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-14-35 ..... 19 ..... to 12-29-35 ..... 19 .....

I last saw him alive on 12-29-35 ..... 19 ..... Death is said to have occurred on the date stated above, at 9 A ..... m.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis — Date of onset 12-14-35

Other contributory causes of importance:

Ruptured Appendicites

Was an operation performed? yes Date of 12-14-35

For what disease or injury? Ruptured Appendicites

Name of operation Appendectomy & drainage Date of 12-14-35

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton Levin ..... M. D.

(Address) W. B. G. H.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

19069 **HEALTH DEPARTMENT—CITY OF BALTIMORE** DRE 19069

CERTIFICATE OF DEATH

157

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. 15th Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

No War Record

2. FULL NAME Harry P. Waring

(a) Residence: No. 2937 Walbrook Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Lottie O. Waring

6. DATE OF BIRTH (month, day, year) July 10th 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Fish

9. Industry or business in which work was done, as farm, saw mill, bank, etc. Washing wash a Hamilton

10. Date deceased last worked at this occupation (month and year) Nov 1935

11. Total time (years) spent in this occupation. 1

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Wm Henry Waring

14. BIRTHPLACE (city or town) (State or country) King William Co Va

15. MAIDEN NAME Martha E. Williams

16. BIRTHPLACE (city or town) (State or country) King & Queen Co Va

17. INFORMANT Lottie O. Waring

(Address) 2937 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 31st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1935, to Dec. 29, 1935

I last saw him alive on Dec 29 1935 death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of left Thigh	Dec. 19
Pyemia	
Other contributory causes of importance:	

Name of operation Incision & Drainage Date of 12-19-35

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Ewer Wooten M. D.

(Address) Franklin Square Hosp.

F 19070

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19070

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Montebello Ave. Ward) 9

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John T Tracey

If U. S. Vet. specify WAR No Record

(a) Residence: No. 3205 Montebello Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha L Tracey

6. DATE OF BIRTH (month, day, year) Feb 18 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rocker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen Goods

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Milton T Tracey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Devine

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha L Tracey

(Address) 3205 Montebello Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 1/1 19 35

19. UNDERTAKER Wm C Cole & Son

(Address) 1212 E Fort Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27 1935 to Dec 30 1935

I last saw him alive on Dec. 28 1935. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	5/1/35
Chronic Endocarditis.	
Other contributory causes of importance: Chronic Cystitis.	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) C N Theyer Jr M. D.

(Address) 1520 E. 33rd St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19071

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19071

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 4419 Pimlico Road 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Mae Eckardt

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4419 Pimlico Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND OF~~ (or) WIFE OF Elmer C. Eckhardt

6. DATE OF BIRTH (month, day, year) April 1st 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Grayton Charles Co. Md

FATHER

13. NAME Dr. Samuel N. Speaks

14. BIRTHPLACE (city or town) (State or country) Nanjemoy Md

MOTHER

15. MAIDEN NAME Sarah Hodges

16. BIRTHPLACE (city or town) (State or country) Pomplet Md

17. INFORMANT Dr. Thos. C. Speaks

(Address) 2754 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Dec 31st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 .....

..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1935 to Dec 29 1935

I last saw h~~er~~ alive on Dec. 29 1935 Death is said to have occurred on the date stated above, at 3-58 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	
Right Hemiplegia	30 hrs
Other contributory causes of importance:	
Arterial Hypertension	3 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James E. Ashburst M. D.

(Address) 4012 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19072 F 19072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Markley Ave 7 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR to Record

2. FULL NAME Carrie M Long

(a) Residence: No. 2912 Markley Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, Widowed, or divorced HUSBAND of (or) WIFE of: Samuel Long

6. DATE OF BIRTH (month, day, year): June 27, 1856

7. AGE: Years 79 | Months 6 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0037

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Michael Schuck

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Caroline Tranby

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Catherine Long

(Address) 2912 Markley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place York Pa Date 1/ 1936

19. UNDERTAKER: Wm Cook

(Address) 124 E Market

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20 1935 to Dec 29 1935

I last saw h alive on Dec 29 1935. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis Arteriosclerosis — Date of onset ... 1934

Other contributory causes of importance: Chronic myocarditis April 1935

Was an operation performed? No Date of ...

For what disease or injury? None.

Name of operation None Date of ...

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? None.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) K. L. Gordy M. D.

(Address) 5106 Norfolk Rd

F 19073 F 19073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70-a

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton aves 20 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen L. Starry

(a) Residence: No. 102 S. Morley St., Ward (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Vernon Starry

6. DATE OF BIRTH (month, day, year) Aug 17, 1915

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or min.
	20	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME Howard J. Rohrer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lula Stover

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Vernon M. Starry

(Address) 410 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md. Date 12/31 1935

19. UNDERTAKER Harry H. Weitzke

(Address) 410 E. Lanvale ave.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1935, to Dec. 28, 1935

I last saw her alive on Dec. 28, 1935. Death is said to have occurred on the date stated above, at 11 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary thrombocytopenic purpura hemorrhagica	1927
Other contributory causes of importance: Chronic hemorrhage	1927

Was an operation performed? yes Date of October 1935

For what disease or injury? Exploration for bleeding spleen

Name of operation Exploratory Date of 10/30

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas B Marsh M. D.

(Address) St Agnes Hospital

OCCUPATION IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

V S 3

M. D. B 1268-9

F 19074

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19074

53-F

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4705 Virginia Ave. Curtis Bay 25 Ward)

Length of residence in city or town where death occurred 16 yrs. --- mos. --- ds. How long in U. S. If of foreign birth 25 yrs. --- mos. --- ds.

2. FULL NAME Julius Bogdon.

(a) Residence: No. 4705 Virginia Ave. Curtis Bay. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of XXXXXXXXXXXX Martha Bogdon.

6. DATE OF BIRTH (month, day, year) Feb. ---- 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W. Md. R.R. 004-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John Bogdon.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Frances Czapska.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Martha Bogdon. (wife)
(Address) 4705 Virginia Ave Curtis Bay.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Dec 31, 1935

19. UNDERTAKER John M. Weber
(Address) 1401 S. Charles St

20. FILED ..., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19....

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at 1.30 a. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Squamos cell Carcinoma of the neck.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Steinhardt, M. D.
Coroner
12/30/35 (Address) 1017 S. Charles St.

F 19075

F 19075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 164-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 E. Fairmount Ave. Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? 28 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Naoma Walman

(a) Residence: No. 2036 E. Fairmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isidore Silver

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rosalie M. Silver Son

(Address) 1805 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 12/31/35 19

19. UNDERTAKER Cook & Son Inc.

(Address) 1439 E. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) December 30, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Suicide Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Dec 30, 1935

Where did injury occur? 2036 E. Fairmount Ave Balto. MD.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas jets opened in gas range

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North Ave.

DECEASED'S OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 19076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 19076

CERTIFICATE OF DEATH

5 3 E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2833 Elliott St. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Wisniewska

(a) Residence: No. 2833 Elliott St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 84. Months: Days: If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House work

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Julia Jorano

(Address): 2833 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Stanislaus Date: 12 36 19

19. UNDERTAKER: John J. Kruda

(Address): 2211 Gudson St.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1934, to Dec 30, 1935

I last saw h er alive on Dec 29, 1935 Death is said to have occurred on the date stated above, at 12 45 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the leg.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Zeller M. D.

(Address) 2739 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19077

F 19077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-e

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Johnson

(a) Residence: No. 115 W. 22nd St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Husbanny

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lancaster County
(State or country) Virginia

FATHER

13. NAME Louis Watts

14. BIRTHPLACE (city or town) Lancaster County
(State or country) Virginia

MOTHER

15. MAIDEN NAME Nelson

16. BIRTHPLACE (city or town) Lancaster County
(State or country) Virginia

17. INFORMANT Charles Watts

(Address) 1104 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/30 19 35

19. UNDERTAKER Wm. A. Jackson

(Address) 916 Penna Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
Intestinal Obstruction	

Other contributory causes of importance:

Shock following Operation

Was an operation performed? Yes Date of 12/28/35

For what disease or injury? Carcinoma of Colon with Intestinal Obstruction

Name of operation Colostomy Date of 12/28/35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Rheuban, M. D. Coroner

(Address) 1912 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 19078 F 19078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No.

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard J. Beck If U. S. Veteran specify WAR

(a) Residence: No. 420 East Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of Hannah Beck

6. DATE OF BIRTH (month, day, year) May 5 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1009

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Beck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie M. Doll

16. BIRTHPLACE (city or town) (State or country) York Co. Pa.

17. INFORMANT W. Holmes Vogel

(Address) 3707 Guyon Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Dec 31, 1935

19. UNDERTAKER John H. Denny

(Address) 715 Light St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1935 to Dec 28, 1935

I last saw him alive on Dec 28, 1935. Death is said to have occurred on the date stated above, at 3 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Arteriosclerosis	
3. Apoplexy	12-21-35

Other contributory causes of importance:

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

19079-5
3075

F 19079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 2'r Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Donald Stevens

(a) Residence: No. 4 W Lee St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/10/34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robt Stevens

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Georgette Ashburn

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's & Reformed Church cemetery Date Jan 1 1936

19. UNDERTAKER John F Denny
(Address) 715 E Lexington St

20. FILED ..... 19 ..... Registrar. Jayle

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1935 to Dec 30 1935

I last saw him alive on Dec 30 1935 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumonia, lobar	ca. Dec 1, 1935

Other contributory causes of importance:

secondary anemia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Louise Snyder M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 19080 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19080

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 N. Vincent St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Thomas (Booze)

(a) Residence: No. 1314 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Thomas

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6837

10. Date deceased last worked at this occupation (month and year) Oct. 1935

11. Total time (years) spent in this occupation all the time

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Marshall Booze

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Holmes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph Booze

(Address) 1518 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Dec. 31, 1935

19. UNDERTAKER Thomas C. Kelsan

(Address) 1303 Pennsylvania Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1935 to Dec. 27, 1935

I last saw her alive on Dec. 27, 1935 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Aug. 16 1935

Other contributory causes of importance:

None

Name of operation — Date of

What test confirmed diagnosis? Hunter & Upham. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

M. D. B 1268-9

19081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19081

82-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 E. York St. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Brown Ennis.(C)

(a) Residence: No. 13 E. York St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 28, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	--0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Gussrod Ennis.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah Broom.(C)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Florence Jennings.(C)sister.
(Address) 765 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 1. 36

19. UNDERTAKER James Disney
(Address) 142 W. Pratt St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 12.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagn inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

12/30/35 (Address) 1017 E. Charles st.

F 19082

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19082

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miranda Baskerville

If U. S. Veteran specify WAR .....

(a) Residence: No. 1205 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Nov. 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alex Davis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Julia Jiggetts

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place LaCrosse Va Date Jan 2nd 1936

19. UNDERTAKER Chas H. Alexander

(Address) 918 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

Filed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-28 1935 to 12-29 1935

I last saw her alive on 12-29 1935 Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Cellulitis Rt. Leg & Gangrene	12-3-35
Other contributory causes of importance: Hypertensive Cardio-vascular disease	?

Was an operation performed? Yes Date of 12-3-35

For what disease or injury? Gangrene Rt. Leg.

Name of operation Mid-High Amputation Date 12-3-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt. F. Meade M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 19083 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-4 F 19083

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 Dolphin St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie B. Hall a Sawood

(a) Residence: No. 162 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A Sawood

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COST

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT John A Sawood
(Address) 162 Dolphin

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 2, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Johnson St.

20. FILED , 19 Registrar

DEC 31 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1935 to Dec. 30, 1935

I last saw her alive on Dec. 28, 1935 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 11/35
Other contributory causes of importance: Grippe	Nov. 21/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Pelter M. D.

(Address) 817 Hamilton Ter.

M. D. D. 1268-9

F 19084

F 19084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (St.) ..... (Ward) 17

Length of residence in city or town where death occurred about 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Edwin Rutt

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2742 N Charles St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) about Nov-15-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	75	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Richard Rutt

14. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland

FATHER

15. MAIDEN NAME Margaret Catlin

16. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland

17. INFORMANT Mrs Bennie E Clark (sister)

(Address) 2742 N Charles

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 31 1935

19. UNDERTAKER Sturdivant Monument Company

(Address) 1018 Druid Park Drive

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Hospital Records Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Thos. H. Shilstone M. D. Coroner

(Address) 1939 Eutaw Place

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

19085 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 19085

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 630, N, Washington, St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Bayer,

(a) Residence: No. 630, N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maiden

6. DATE OF BIRTH (month, day, year) 7-4-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) A, Hoen Co,

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, City

FATHER

13. NAME Laurenc Bayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catharne Werner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Schulz

(Address) 628, N, Washington, St,

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan, 2, 1936

19. UNDERTAKER Geo, M. Fink & Son,

(Address) 811 . N, Wolfe St,

20. FILED DEC 31 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December, 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from December, 1926, to December 29, 1935

I last saw her alive on December 29 1935 Death is said to have occurred on the date stated above, at 6, 30, p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Gennal Arterio Sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Francis J. Ayd M. D.

(Address) 2005 E. Monument St.

F 19086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 157-B 19086

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Funeral Home, 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Henry Raymond Foote Fenker

If U. S. Veteran specify WAR .....

(a) Residence: No. Windsor Mill Rd, Woodlawn, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 27, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
--	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Henry R. Fenker,

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Leona R. Foote,

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Henry R Fenker

(Address) Windsor Mill Rd. Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 2. 1936

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

DEC 31 1935

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 12-30-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1935, to 12-30, 1935.

I last saw him alive on 12-30, 1935. Death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

Pyloric stenosis — Date of onset .....

Other contributory causes of importance:

Atelectasis clens

Was an operation performed? Yes Date of 12-27-35

For what disease or injury? Pyloric stenosis

Name of operation Pyloromyotomy Date of 12-28-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Philip A. Dunley M. D.

(Address) Md. Gen. Hospital

19087 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 19087

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6008 High Gate Drive 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred 50 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Horace E. White

If U. S. Veteran specify WAR .....

(a) Residence: No. 6008 High Gate Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie White

6. DATE OF BIRTH (month, day, year) Sept. 28-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt Vernon Woolen Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

FATHER

13. NAME Joseph White

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Pettigord

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Nettie White

(Address) 6008 High Gate Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan. 1- 1936

19. UNDERTAKER Horace E. Burgee

(Address) 3631 Falls Road

20. FILED ..... Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29- 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1936 to Dec 28 1935

I last saw h.. alive on Dec 28 1935. Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	12/26/35
Cerebral Embolism	12-21-35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arthur J Danner M. D.

(Address) 800 W 33rd St

F 19088

F 19088

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. 33rd Calvert St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth Naomi McQuay

(a) Residence: No. 260 Woodberry Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓ Infant

6. DATE OF BIRTH (month, day, year) Oct 12, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Russell McQuay

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Ruth Wright

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Russell McQuay

(Address) 260 Woodberry Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Cemetery Date 1/1 1936

19. UNDERTAKER Howard R. Bligh Jr

(Address) 1418 E. Gay

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1935 to Dec 30 1935

I last saw h[illegible] alive on Dec 30 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	12-30-35
Question of status thymus-lymphaticus	
Dressing operation for,	
Other contributory causes of importance: Umbilical hernia	

Was an operation performed? Yes Date of 12-30-35

For what disease or injury? Umbilical hernia

Name of operation Herniaplasty Date of 12-30-35

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Colin Haskell M. D.

(Address) Union Memorial Hosp Balto Md

M. D. B 1268-9

9089 ✓ F 19089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death ocrurred 66 yrs. 2 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mollie Strauss

(a) Residence: No. 102 Scott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Frederick Strauss

6. DATE OF BIRTH (month, day, year) Oct 7th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John T. Coolahan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Eagan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Joseph F. Falter
(Address) 1908 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/2/ 1936

19. UNDERTAKER John J Cowan & Son
(Address) 1901 Hollins St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/ 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw her alive on ... 19... Death is said to have occurred on the date stated above, at 12.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importanre:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide Accident Date of injury Dec 25 1935

Where did injury occur? Baltimore Md.
(Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto Transit right of way - Eastern Ave Bridge 45

Manner of injury struck by Trolley Car while walking in tracks

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

F 19090

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19090

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2934 Elliott St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Jno. Goldrick

If U. S. Veteran specify WAR .....

(a) Residence: No. 2934 Elliott St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Christine Jno Goldrick

6. DATE OF BIRTH (month, day, year) Feb 7 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn R.R. + Western Shore Co

10. Date deceased last worked at this occupation (month and year) 12/1/35

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME James Mc Goldrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Mc Kernan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Christine Jno Goldrick

(Address) 2934 Elliott St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date Jan 2, 36

19. UNDERTAKER John A. McGee

(Address) 3000 E. Baltimore St.

20. FILED ... 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/35

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1935, to Dec 28, 1935

I last saw him alive on Dec 28, 1935. Death is said to have occurred on the date stated above, at 1:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Coronary Thrombosis	12-26-35
Bronchopneumonia	12-28-35
Myocardial Failure	12-28-35

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Ed Schimunek, M. D.

(Address) 842 S. East Ave

F 19091

19091 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

34-123

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S Veteran specify WAR .....

2. FULL NAME Maude C. Proffett

(a) Residence: No. 1125 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Proffett.

6. DATE OF BIRTH (month, day, year) 10-14-1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20?

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Chas. Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Taylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date 12/1936

19. UNDERTAKER Chas Cooper
(Address) 214 N. Calhoun St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-15 1935 to 12-29 1935

I last saw her alive on 12-29 1935 Death is said to have occurred on the date stated above, at 2:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranulomatous Stricture & Rectum	NOK
Tubo-ovarian abscess, Apt	1935

Other contributory causes of importance:

Was an operation performed? yes Date of 12-13-35

For what disease or injury? Stricture of Rectum

Name of operation Colostomy Date of 12-13-35

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. J. Montfort M. D.

(Address) Balto City Hospitals

14

M. D. B 1268-9

F 19092

19092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 W. Fairmount Ave. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas. Dorsey

U. S. Veteran specify WAR .....

(a) Residence: No. 719 W. Fairmount Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Dorsey

6. DATE OF BIRTH (month, day, year) Nov. 30, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor 004-0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Emma Dorsey

(Address) 719 W. Fairmount Ave.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ 36

Place Mt Calvary Date 1/2 19

19. UNDERTAKER Wm. A. Jackson

(Address) 916 E. Lanvale

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1935

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquire (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease	
Of Heart	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. R. Poe M. D.

(Address) 3737 W. North Ave. Coroner

F 19093

F 19093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 2404 Edmondson Ave ST.: 16 WARD)

2-FULL NAME Hattie Virginia Mercer

(a) RESIDENCE NO. 2404 Edmondson Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed.

5a If married, widowed, or divorced (or) WIFE of: late Alvin E. Mercer

6 DATE OF BIRTH (month, day, and year): Aug. 10, 1879

7 AGE — Years: 56 — Months: 4 — Days: 19 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Maryland.

PARENTS

10 NAME OF FATHER: Wm H. Roberts.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co. Maryland.

12 MAIDEN NAME OF MOTHER: Rebecca J. Molesworth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Montgomery Co. Maryland

14 Informant (Address): Mrs. Anna M. Breitenbach Mt. Airy Md.

15 Filed . 19 Registrar

1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/29/35 19

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20 . 1935 . to Dec. 29 . 1935 .

that I last saw her alive on Dec. 29 . 1935 .

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast Metastases to brain, patient did not consult any physician until about 5 mos. ago

One wk. under my direction (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

one day (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? deep at any time

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical and spray

(Signed) John. L. Bound. M. D.

. 19 (Address) 2 West Read Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove Cemty.

DATE OF BURIAL: Jan. 1st 1936

20 UNDERTAKER: C. M. Waltz

ADDRESS: Ann Juliet. Md.

THIS is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 19094

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19094

CERTIFICATE OF DEATH

66-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 N. Calvert St., 17 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Dunn

(a) Residence: No. 1715 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Dunn

6. DATE OF BIRTH (month, day, year) June 17, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME Tuite Thompson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT M. Patrick W. Dunn

(Address) 1715 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Montreal Canada Date Jan. 1 1936

19. UNDERTAKER Wm. J. Tucker Sons

(Address) 1906 E. Baltimore St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

myocarditis

Date of onset

Other contributory causes of importance:

Toxic Goitre

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Erwin B. Hollaway M. D.

(Address) 1031 St. Paul St.

F 19095 ✓ F 19095

30766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Kempster

(a) Residence: No. Chambersburg Pa St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. J. E. Kempster

6. DATE OF BIRTH (month, day, year) 4/2/73

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	10	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Dr. B. a. Grayton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Lee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Chambersburg Pa Date Dec 31, 1935

19. UNDERTAKER Wm J Deckner & Sons

(Address) Porch + Penn Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1935, to Dec 31, 1935

I last saw her alive on Dec 31, 1935. Death is said to have occurred on the date stated above, at 11 16 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma uteri	?
Pyelonephritis, bilateral	3 yrs.
Uremia —	

Other contributory causes of importance:

Was an operation performed? yes Date of .....

For what disease or injury? Sarcoma uteri

Name of operation Hysterectomy Date of .....

What test confirmed diagnosis? Pathological Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Eila Hurd Kerr, M. D.

(Address) Johns Hopkins Hosp.

F 19096 ✓ F 19096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley E. Robinett

(a) Residence: No. 3420 Gwynns Falls Pkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blaine N. Robinett

6. DATE OF BIRTH (month, day, year) June 1, 1877.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Carpet & Rug Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Cutler Bros.

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Paw Paw W. Va.

FATHER

13. NAME Dennis Robinett

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Anna McDonald

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Blaine N. Robinett

(Address) 3420 Gwynns Falls Pkway

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan. 9 35

19. UNDERTAKER Wm. J. McKeever Sons

(Address) North & Pa Aves

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Ribs Left (12) — Date of onset
Pneumothorax
Hemorrhage
(Chest)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/30 1935

Where did injury occur? Cutler Trust Bldg.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Fall down Stairway Shaft

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Orin B. Kellam M. D.
Coroner

(Address) 1031 St Paul St.

19097 F 19097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Say (Katherine Say) If U. S. Veteran specify WAR .....

(a) Residence: No. 2714 Jefferson St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6. If married, widowed or divorced HUSBAND of (or) WIFE of Jacob Say

6. DATE OF BIRTH (month, day, year) March 7, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Bullock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Coley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Irvin Say

(Address) 1810 E. 28th

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Jany 2, 1936

19. UNDERTAKER Thos Pickerdsgill

(Address) Mobbs Funeral

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935 to Dec 30, 1935

I last saw h.er alive on Dec 30, 1935 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral embolism	
2. Chronic nephritis	
3. Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Rosenmuller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. B. 1268-9

19098 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19098

CERTIFICATE OF DEATH

8152-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Oakmont Ave, 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 8 mos. 10 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena C. Pittman

(a) Residence: No. 3700 Oakmont Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 20 '30

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm Pittman

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margt Bailey

16. BIRTHPLACE (city or town) (State or country) Ft Mahoney Va

17. INFORMANT Wm Pittman
(Address) 3700 Oakmont Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec. 1, 1930

19. UNDERTAKER Joseph Sykes
(Address) 1200 N. Gay St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930 to Dec 30, 1930.
I last saw her alive on Dec 29, 1930. Death is said to have occurred on the date stated above, at 4:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia Acute	Dec 25
Hypostatic Congestion & Nephritis	

Other contributory causes of importance:

Cyanosis	Dec 30

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E A Smith, M. D.

(Address) 1605 N. Monroe St.

OCCUPATION is very important. See instructions on back of certificate.

19099

F 19099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Adelmo Crocetti

(a) Residence: No. 666 N. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 9/11/1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Louis Crocetti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmela De Bartolomeis

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan 2 1936

19. UNDERTAKER Frank Welch Sons
(Address) 52 N. Morley St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/28 1935 to 12/30 1935

I last saw him alive on 12/30 1935 Death is said to have occurred on the date stated above, at 8 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12/21/35

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

✓ F 19100

19100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Mullikin St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Myers

If U. S. Veteran specify WAR .....

(a) Residence: No. 1722 Mullikin St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Hattie M. Myers

6. DATE OF BIRTH (month, day, year) Aug. 27, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Caulker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Morris Myers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Susie Collins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hattie M. Myers (Wife)

(Address) 1722 Mullikin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan. 1, 1936

19. UNDERTAKER Robert L. Young

(Address) 884 N. Caroline St.

20. FILED ..... 19 ..... Registrar

1035

NPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935 to Dec 29, 1935

I last saw him alive on Dec 28, 1935 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1 yrs
Other contributory causes of importance: Asthma (Bronchial) Emphysema and Lungs	1 yr

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1429 E. Monument St

✓ F 19101

19101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby girl Green

(a) Residence: No. 904 E. Chase Street, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-28-35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 40 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balt. City Md.

FATHER

13. NAME Daniel Green

14. BIRTHPLACE (city or town) (State or country) Balt.

MOTHER

15. MAIDEN NAME Helen Powell

16. BIRTHPLACE (city or town) (State or country) Balt.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 12-31 19 35

19. UNDERTAKER J. J. Zahner & Sons
(Address) 1918 Light St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28 19 35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw her alive on 12-28, 1935. Death is said to have occurred on the date stated above, at 3.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

✓ F 19102

F 19102 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1634-J93-D

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Balto. City Hospitals St., ... Ward) Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ludwig Reinick

(a) Residence: No. ? St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 65?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records B. C. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 12-31 19 35

19. UNDERTAKER J. J. Fahey & Sons
(Address) 847 Light St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29 19 35

22. I HEREBY CERTIFY, That I attended deceased from 6/10/35 19 ... to 12/29 19 35

I last saw him alive on 12/29/ 19 35 Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure — Date of onset ?

Other contributory causes of importance:

Arteriosclerosis — Date of onset ?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of No

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Olivia Weinberg M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

19103 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19103

CERTIFICATE OF DEATH

V 186-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2830 Roselawn Ave. St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME ELIZABETH DIPPEL

(a) Residence: No. 2830 Roselawn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christopher Dippel

6. DATE OF BIRTH (month, day, year) Sept.26.1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry W. Ulrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ida E. Coughlin (Daughter)
(Address) 2830 Roselawn Ave.

18. BURIAL, CREMATION, OR REMOVAL
St. Paul's 5th ref. Ch. Cem. Jan. 1. 1936
Place Date
HENRY SANDER & SONS, INC.

19. UNDERTAKER Baltimore & Broadway.

31 1935 Huntington & Fillmore, N.W.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29. 1935 19

22. I HEREBY CERTIFY, That I attended deceased from dec 28 . 1935 . to dec 29 . 1935

I last saw her alive on dec 27. 1935 Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Shock,
Fell & fractured hip
dec 28 & died 29
Result of Senile
fracture of neck of left femur

Other contributory causes of importance:

Stroke —

Name of operation Date of

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? acc Date of injury dec. 28 19 35

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 2830 Roselawn Ave.

Manner of injury Fell on floor of bed room

Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Chas. L. Grumman M. D.

(Address) 2808 Harford

19104 F 19104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie Bacigalupa

(a) Residence: No. 1202 E. Federal St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced (or) WIFE of Louis Bacigalupa

6. DATE OF BIRTH (month, day, year) Dec 3, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry B. Heidenheimmer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Alice Kelley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Louis Bacigalupa

(Address) 1202 E. Federal st

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 2 1936

19. UNDERTAKER Frank V. Pipitone

(Address) 258 E. Balto St

(Filed) Attending Physician for Insurance Purposes

3T 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935 to Dec 30, 1935

I last saw her alive on Dec 30, 1935 Death is said to have occurred on the date stated above, at 1 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Chronic nephritis	
3. Uraemia.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 19105

19105 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH J 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Beechdale Road St., 27 Ward) Roland Park.

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify W A It

2. FULL NAME Lessie Marchant Thurston

(a) Residence: No. 110 Beechdale Rd. Roland Park. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Thurston

6. DATE OF BIRTH (month, day, year) Nov. 22, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mathews Co. Virginia

FATHER

13. NAME Alexander Marchant

14. BIRTHPLACE (city or town) (State or country) Mathews Co. Virginia.

MOTHER

15. MAIDEN NAME Susan Forest.

16. BIRTHPLACE (city or town) (State or country) Mathews Co. Virginia

17. INFORMANT Mr. Clarence R. Marchant
(Address) 110 Beechdale Road Roland Park

18. BURIAL, CREMATION, OR REMOVAL

Place Mathews Co. Va. Date Jan. 1 1936

[illegible] Henry W. Marchant.

[illegible] 805 N. Calvert St.

31 1935 Huntington, Baltimore, Md.

24. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1935 to Dec 31 1935

I last saw h.e alive on Dec. 30 1935. Death is said to have occurred on the date stated above, at 5-45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	12/24/35
Myocardial insufficiency	12/4/34
Senile Arterio-Sclerosis	1932

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Tebeau Porter M. D.

(Address) 4822 Roland Ave

Via. Cheaspeake Steamship Co. Escort Mr. Clarence R. Marchant.

19106 F 19106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jesse Oram (Dead)

(a) Residence: No. 1005 Myrtle Ave, St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced WIFE (or) HUSBAND of Mrs Jesse Oram (Dead)

6. DATE OF BIRTH (month, day, year) Feb. 22, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward Oram

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Maurice (Brother)
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interred to mill
Place Simpson Chapel Date Jan 1st, 1935

19. UNDERTAKER Wm Robert A. Elliott Daughter
(Address) 1129 Caroline st.

20. FILED Huntington Williams, M.D.
31 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th 1935 to Dec 29th 1935

I last saw h.i.M. alive on Dec 29th 1935 Death is said to have occurred on the date stated above, at 6 20 P m.

The principal cause of death and related causes of importance were as follows:

[redacted]
[redacted]
debt Bronchitis

Date of onset

Other contributory causes of importance:

Labor pneumonia
+ generalized Tenitanitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Crane M. D.

(Address) Mercy Hosp.

F 19107

HEALTH DEPARTMENT—CITY OF BALTIMORE

19107

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ashley B. Grimes

(a) Residence: No. Harwood, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 12, 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harwood Maryland.

FATHER

13. NAME Ray Grimes

14. BIRTHPLACE (city or town) (State or country) South Rivr Maryland.

MOTHER

15. MAIDEN NAME Emma Price

16. BIRTHPLACE (city or town) (State or country) West Rivr Maryland.

17. INFORMANT Ray Grimes
(Address) Harwood, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem. Date Jan 1st, 1936

19. UNDERTAKER Joseph B. Cook
(Address) 1003 W. Balto st.

Huntington Williams, Md.

31 1935

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Dec. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1935, to Dec. 30, 1935

I last saw h[illegible] alive on Dec. 30, 1935. Death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis.	Dec. 11.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm C. Tuffs, Jr. M. D.

(Address) Lyndenham Hospital

M. D. F. 1268-9

F 19108

9108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 349-121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 W. Lanvale st St., 16 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary King

(a) Residence: No. 1003 W. Lanvale st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Wid.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard King

6. DATE OF BIRTH (month, day, year) 9/27/1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rushmere, Va.

FATHER

13. NAME James Hill

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ~~Xxxxxx~~Burnett Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Marie Burnett

(Address) 1003 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
GRAVEL-HILL CEMETRY - ISLE-OF-WIGHT COUNTY VA
Date 12/1/35 19

19. UNDERTAKER Wm A. Jackson

(Address) 916 Pennsave Huntington Filbanes Nat

1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st. 1935 to Dec 28th 1935

I last saw her alive on Dec. 28 19 35 Death is said to have occurred on the date stated above, at 10;30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	12-1-35
Interstitial Neph. Ch.	?
Mitral Ins.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Physical Exam Was there an autopsy? No.

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st.

F 19109

19109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Moser

(a) Residence: No. 623 N Belnord ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Moser

6. DATE OF BIRTH (month, day, year) Sept. 2, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Moser

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Pauline Schlallk

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 2 1936

19. UNDERTAKER John E. Miller

(Address) 2435 E. Oliver St

Registrar

31 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1935 to Dec. 30, 1935

I last saw him alive on Dec. 30, 1935 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1928

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karfgin, M. D.

(Address) Baltimore City Hospitals

E 19110

19110 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 107-W

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 70 Ward)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 6 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR C

2. FULL NAME Ronald Edward Dunleavy

(a) Residence: No. 2816 N. Dunleavy St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20-1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles E. Dunleavy

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Edna Ludwig

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Chas. E. Dunleavy

(Address) 2815 N. Dunleavy St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 1-1-36

19. UNDERTAKER E. B. Shepherd & Son

(Address) 1300 Eutaw Place

Huntington Williams, M.D. Registrar

31 1935 KRW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-28-35, 19 to 12-31-35, 19

I last saw him alive on 12-30-35. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	6 days

Other contributory causes of importance:

Anemia	2

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Benj. O'Mr Cleary, M. D.

(Address) 400 N Payson St

Spec.—9-30—A. & Co.—250 Bks.

F 19111

19111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

J 107-a

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1916 N. Charles ST. 17 WARD)

2-FULL NAME Gustave H. Binder

(a) RESIDENCE NO. 1916 N. Charles ST. ..... WARD No War Record
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~
HUSBAND of ~~wife of~~ Catherine Binder

6 DATE OF BIRTH (month, day, and year) Dec 19th 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick Binder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Raymond Binder
(Address) 4213 Berger ave

15 1-1936 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30th 1935

17

I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1935, to Dec 30th, 1935

that I last saw him alive on Dec 30th, 1935

and that death occurred, on the date stated above, at 9 A M

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) J. Wm. Conrad Bode, M. D.

, 19 (Address) 1908 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Jan 1st 1936

20 UNDERTAKER Wm Cook — ADDRESS 1217 St. Paul St

M. D. B. 1268-9

F 19112

F 19112 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 111-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 N. Broadway 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dashiell Bayne

(a) Residence: No. 1819 N. Broadway, Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed or divorced~~ HUSBAND of Pauline D. Bayne

6. DATE OF BIRTH (month, day, year) Feb 10th 1858

7. AGE: Years 77 | Months 10 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Bayne

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Meridith Wilcox

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Pauline D. Bayne

(Address) 1819 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Jan 2nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. Filed 1-1936 Registrar. RKH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1935 to Dec 30 1935.

I last saw ~~him~~ alive on Dec 30 1935. Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Congestion of Lung	12/23/35
	20 yrs
Other contributory causes of importance: Exhaustion	1

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Alfred S Sagal, M. D.

(Address) 709 N Broadway

M. D. B 1268-9

F 19113

19113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Southern Home Hospital (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Button — No War Record

(a) Residence: No. Greenmount Ave and 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~, Widowed, ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~divorced~~ HUSBAND of ~~wife of~~ Mary Button

6. DATE OF BIRTH (month, day, year) Nov 11th 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canning Capper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McGrath Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Kenneth Button
(Address) 3915 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 2nd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on Dec 19 35 Death is said to have occurred on the date stated above, at 6:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Renal disease	?

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner M. D.

(Address) .....

M. D. P. 1268-9

F 19114

HEALTH DEPARTMENT—CITY OF BALTIMORE

19114

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 W. Barre St., 21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eleanora Scharf

(a) Residence: No. 1025 W. Barre St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of: George D. Scharf

6. DATE OF BIRTH (month, day, year): Mar 8th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month, day, year): Dec 1935

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Samuel Brown

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Nellie M. Struba 1025 W. Barre St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan 3rd 1936

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St

20. FILED ... 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31st 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1935 to Dec 31 1935

I last saw her alive on 12/31 1935. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	12/31
Other contributory causes of importance: Arterio-Sclerotic Cardio-vascular Disease	5 yrs

Name of operation: Date of

What test confirmed diagnosis: Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph H. Laukaitis M. D.

(Address) 679 Washington Blvd

F 19115

19115 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 117-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto. City Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Norman Blades
If U. S. Vet. specify WAR No Record

(a) Residence: No. 1601 E. La Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie L. Blades

6. DATE OF BIRTH (month, day, year) 9-24-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fertilizer Mill
10. Date deceased last worked at this occupation (month and year) Dec 25 1935
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (City or town) St Michaels (State or country) Md.

FATHER

13. NAME Benjamin Blades
14. BIRTHPLACE (City or town) St Michaels (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Sheldon
16. BIRTHPLACE (City or town) Balto. (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 3rd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

1-1936 [illegible] Pikesville, Md. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1935 to 12-30 1935
I last saw him alive on 12-30 1935 Death is said to have occurred on the date stated above, at 11:14 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	12-25-35
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12-29-35
For what disease or injury? Perforated Gastric Ulcer
Name of operation Closure of Perforation Date of 12-29-35
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.
(Address) Balto. City Hospital

AdCo. 5-31 250B

9116

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19116

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 26 Ward)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Hackel

(a) Residence: No. 4628 Carson Ave. (Karon Ave) St., ... Ward. No Record

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Harry Hackel

6. DATE OF BIRTH (month, day, year) Sept 1st 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
58	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Marysville Pa

MOTHER FATHER

13. NAME Samuel Eppley

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Rebecca Hoenfritz

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Harry Hackel

(Address) 4628 Karon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 2nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1935, to Dec 30, 1935

I last saw h[illegible] alive on Dec. 30, 1935 death is said to have occurred on the date stated above, at 10:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General peritonitis with intestinal obstruction (cause unknown)	12 25 35
Other contributory causes of importance: Arterio sclerosis	1925

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Howes Moore, M. D.

(Address) Franklin Square Hosp.

✓ F 19117

19117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-B

1. PLACE OF DEATH South Baltimore Gen. Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 36 yrs. 7 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anton Picha

(a) Residence: No. 809 N. Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Picha

6. DATE OF BIRTH (month, day, year) April 9, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Picha

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Anna Barborka

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Catherine Picha
(Address) 809 N Rose St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 3 1936

19. UNDERTAKER Frank Grach & Son
(Address) 1836 Eastlander

20. FILED Attention for Philadelphia, Penn. 1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31 1935

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1935 to December 31, 1935

I last saw him alive on December 31 1935 Death is said to have occurred on the date stated above, at 2:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute mastoiditis	12/24
Meningitis (purulent)	12/27

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/27/35

For what disease or injury? Mastoiditis

Name of operation Mastoid Ectomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wreleaux D. Wolfe M. D.

(Address) South Balto. Gen. Hosp.

M. D. B 1268-9

HOWARD JACKSON ✓ F 19118

19118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH: Dill Lumber yard
CITY OF BALTIMORE: (No. 1311 Philpot St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Jackson — If U. S. Veteran specify WAR .....

(a) Residence: No. 217 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Margaret Jackson
(Address) 217 N Dallas

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date Jan 2, 19..

19. UNDERTAKER John C Henderson
(Address) 1624 E Monument St

20. FILED Jan 2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.
Coroner

(Address) 1010 E. Fayette St

F 19119

19119 344
306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 139-C

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Evelyn N Lawson

(a) Residence: No. 2430 Lakeview ave St., ... Ward. Chicago Ill
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Iver Lawson

6. DATE OF BIRTH (month, day, year) Nov 21 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	2 1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicopee Mass

FATHER

13. NAME Edward Nichols

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Lucy Calkins

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Chicago Ill Date Jan 1 1936

19. UNDERTAKER Henry W Elkins Bros
(Address) 11 Eutaw & Orchard Sts

20. FILED Huntington Pennsylvania Registrar
1 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1935

I HEREBY CERTIFY, That I attended deceased from Nov 18 1935 to Dec 31 1935

I last saw her alive on Dec 31 1935 Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(?) CORONARY OCCLUSION	12-31/35
(?) PULMONARY EMBOLUS	12-31/35

Other contributory causes of importance:

(?) OPERATION ↓

Was an operation performed? YES Date of NOV 26 1935

For what disease or injury? PROLAPSUS UTERI

Name of operation UTERINE SUSPENSION Date of 11/26/35

What test confirmed diagnosis? NONE Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hospital

F 19120

F 30 7072 (F 19120)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A Fulcher

If U. S. Veteran specify WAR

(a) Residence: No. 778 Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma

6. DATE OF BIRTH (month, day, year): 2-14-95

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11/10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Jack Fulcher

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Fannie Walker

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 1/2 '36

19. UNDERTAKER: Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED: Huntington Phillips 1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935 to Dec 31, 1935

I last saw h. alive on Dec 31, 1935. Death is said to have occurred on the date stated above, at 340 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Monocytic leucemia	1932
Osteomyelitis of jaw	4 mo
Lobar pneumonia	2-3 d.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify

(Signed) Joseph J. Sedwick, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

✓ F 19121

19121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 522 McElderry St., (or Ward) 1st Ward

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary A Boothe

(a) Residence: 522 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Booth (deceased)

6. DATE OF BIRTH (month, day, year) ? 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Gloucester Co. Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Alease Boothe

(Address) 522 McElderry

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date Jan. 2. 1936

19. UNDERTAKER Jos. Geo. E. Holland

(Address) 624 Lanvale St

20. FILED Jan 2 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/35

22. I HEREBY CERTIFY, That I attended deceased from 12-27-35 to 12/30/35

I last saw her alive on 12/30/35 Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Spastic Heart & feeble Compaction	12/27/35 12/27/35

Other contributory causes of importance: Congenital Hernia

Name of operation, ... Date of ...

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) James R. Bizzoke M. D.

(Address) 924 Fraguitte St

M. D. B. 1265-9

✓ F 19122

19122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 N Carrollton ave St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Hawkins

(a) Residence: No. 536 N Carrollton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Hawkins

6. DATE OF BIRTH (month, day, year): Apr 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	Apr 8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Carroll Co Md.

FATHER

13. NAME: Henry Hawkins

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Mary McComas

16. BIRTHPLACE (city or town) (State or country): Carroll Co Md.

17. INFORMANT: Lewis Hawkins
(Address) 26 S 20th St

18. BURIAL, CREMATION, OR REMOVAL: Carroll Co Md
Place: Woodville Cem Date: Jan. 2, 1936

19. UNDERTAKER: Jas. Geo. H. Holland
ADDRESS: 1301 Druid Hill Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1935, to Dec 30, 1935

I last saw him alive on Dec 29, 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. glomerular Nephritis	18 mo.

Other contributory causes of importance: none known

Abdominal Paracentesis Date of 12-29-35
Name of operation

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 122 W. Monument St.

F 19123

✓ F 19123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Carson Ct St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Harden

If U. S. Veteran specify WAR .....

(a) Residence: No. 1117 Carson Ct St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) Dec. 25 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53		7 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Various places

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King & Queen Co. Va.

MOTHER FATHER

13. NAME Peter Robinson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anita Blake

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Martha Pulley

(Address) 1300 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Druid Hill Cem Md

Place St Lukes Date 1/3/36 . 19

19. UNDERTAKER Mrs. Lee N. Holland

(Address) 1631 Druid Hill Ave

20. FILED 1-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30 . 193

22. I HEREBY CERTIFY, That I attended deceased from 12/29 . 193 . to 12/30 . 193

I last saw h[illegible] alive on 12/30 193 . Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance, were as follows:

Date of onset

(a) Lobar Pneumonia

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.

(Address) [illegible]

✓ F 19124

19124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Helen Riddlemoser

(a) Residence: No. 1603 E Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis

6. DATE OF BIRTH (month, day, year) April 5, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife. 0057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Torrence

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Emma Porter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records.
(Address) Holy Re

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 2 1936

19. UNDERTAKER Tilly & Zeiler
(Address) 463 S Wolfe

20. FILED 1-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased (from Dec 23, 1935, to Dec. 30, 1935.

I last saw her alive on Dec 30 1935. Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset 3 years ago

Other contributory causes of importance:

Uremia — 10 days ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical & Pathological Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

3478 18

349 19125

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 19125

CERTIFICATE OF DEATH

107-a-143

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Hilda Heckert

If U. S. Veteran specify WAR .....

(a) Residence: No. 221 Cambridge St., St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 12/17/14

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) U.S.-

MOTHER

15. MAIDEN NAME Mary Schaus

16. BIRTHPLACE (city or town) (State or country) U.S.-

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date Jan 3, 1936

19. UNDERTAKER Tilley & Zeller

(Address) 508 W. Fayette St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1935, to Dec. 31, 1935

I last saw her alive on Dec 31, 1935. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia - Type IX - Lobular Bronchopneumonia

Empyema

Date of onset: Dec 23, 1935

Other contributory causes of importance:

Pregnancy, 4 mos.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jno. F. Scheuch, M. D.

(Address) Johns Hopkins Hospital

M. D. R. 1268-9

19126 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 19126

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 E 30th St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Blacker

(a) Residence: No. 317 E 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma A. Blacker

6. DATE OF BIRTH (month, day, year) Oct 26-1862

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Mfg.

10. Date deceased last worked at this occupation (month and year) 7/25

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

FATHER

13. NAME William A. Blacker

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Emma Dutrow

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Thomas J. Blocher

(Address) 317 E 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Jan 2, 1936

19. UNDERTAKER Otho Funeral Home

(Address) 2 W Preston St

20. FILED 1936 Huntington Pellegrini, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1935, to Dec 31, 1935

I last saw h[illegible] alive on Dec 31, 1935 Death is said to have occurred on the date stated above, at 12:38 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	1934
Chr Interstitial Nephritis	1931
Bronchial Asthma	1925

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas P. Clautice, M. D.

12/31/35 (Address) 3013 St Paul St

M. D. B 1268-9

✓ F 19127

HEALTH DEPARTMENT—CITY OF BALTIMORE

9127

CERTIFICATE OF DEATH

X 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Cowan Burke.

(a) Residence: No. 212 Church Lane Pikesville Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, XXXXXXXXXX HUSBAND of XXXXXXX Margafet Burke.

6. DATE OF BIRTH (month, day, year) April 4, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Paper Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Edward Burke.

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

15. MAIDEN NAME Anna Hines.

16. BIRTHPLACE (city or town) (State or country) Blakesburg, Va.

17. INFORMANT Margaret A. Burke. (wife)
(Address) 212 Church Lane Pikesville.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 1/1 36

19. UNDERTAKER W M Cook
(Address) 1217 St Paul St

20. FILED 1 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2.05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Intra ventricular	
Fracture of 6th & 7th ribs left side	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ? Date of injury Dec 31, 1935

Where did injury occur? 33rd St. near Ednor Rd. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck while he was driving standing Automobile

Nature of injury Fell & struck a tree

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M Reinhardt Coroner, M. D.

1/1/36 (Address) 1017 E. Charles St.

✓ F 19128

9128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles White

(a) Residence: No. 1644 Ellsworth St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-20-25

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Scott

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lottie White

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Charles White (uncle)
(Address) 1760 Llewelyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/1 1936

19. UNDERTAKER Rayner Sanders
(Address) 1443 E. Preston St

20. FILED 1-1-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/35

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1935, to 12-30, 1935

I last saw h in alive on 12-30, 1935 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	12-20-35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R B Josey M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 19129

HEALTH DEPARTMENT—CITY OF BALTIMORE

19129

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hospital St., 70 Ward)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia A. Hucke.

(a) Residence: No. 2565 W. Fairmount Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 17.1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	7	9 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Christoph Hucke.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Mary Ellesing.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John Hucke.(brother)
(Address) 35- 2565 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Jan 1 . 1936

19. UNDERTAKER Harry H. Weitzel & Son
(Address) 1800 E Monument Ave

20. FILED JAN 1 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral concussion	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 17. 1935
Where did injury occur? Baltimore & Whitley Sts
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury While crossing Street struck and knocked down by auto
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M. Reinhardt, M. D.
Coroner
Address 2017 E. Charles St.

12/30/35

19129

F 19130

19130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Baltimore Street Hosp St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Albert Linthicum
If U. S. Veteran specify WAR .....

(a) Residence: No. 2500 Mt Henry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice R. Linthicum-Solem

6. DATE OF BIRTH (month, day, year) Jan 8, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 3 yrs. ago

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard Linthicum

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan Fowler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Alice R. Linthicum
(Address) 2500 Mt Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Jan. 2. 1936

19. UNDERTAKER Henry H. Austin & Co
(Address) 410 [illegible]

20. FILED Jan 2 1936
[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/29/35 . 19 to 12/30/35 . 19

I last saw h. alive on 12/30/35 19 P. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart & Renal Cerebral Hemorrhage	7 yrs 1 day

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Schochet — M. D.

(Address) West Balto. Gen. Hosp

F 19131 F 19131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. 1213 Light St. 7th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy McQuark If U. S. Veteran specify WAR

(a) Residence: No. 204 Third ave Brooklyn Park Ward. Glen Burnie Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin A. Rugik

6. DATE OF BIRTH (month, day, year) April 5, 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Nicholas Imhoff

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Krause

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Edwin A. Rugik
(Address) 204 Third Ave (husband)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Jan 2, 1936

19. UNDERTAKER Fred. A. Krause + Son
(Address) 1216 E. Charles St.

FILED Jan 2 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1935 to Dec. 30, 1935

I last saw her alive on Dec. 30, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	

Other contributory causes of importance:

Septicemia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L. Abbott, M. D.
(Address) 1213 Light St

F 19132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19132

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Kline

(a) Residence: No. 3201 Abell Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Joseph

7. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Baker

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Draggal Father Baker

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Lee Kline
(Address) 3201 Abell ave.

18. BURIAL, CREMATION, OR REMOVAL Date Jan 2 1936
Private Funeral

19. UNDERTAKER Sol Swinson & Bro
(Address) 1125 E. Balto St

20. FILED ..... 19 ..... Registrar

N 2 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1935 to Dec 31, 1935

I last saw her alive on Dec 31, 1935 Death is said to have occurred on the date stated above, at 6.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	12/30/35
resorbed hypertension	
cardiac hypertrophy	
? Coronary occlusion	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sarah H. Bowditch, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1389 F 19133

F 19133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Pagdan

(a) Residence: No. Sinai Hospital St., 2240 Eager St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 31, 1935

7. AGE	Years	Months	Days	If LESS than 1 day 22 hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas Pagdan

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Stella Cieko

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

17. INFORMANT Thomas Pagdan
(Address) 2219 Essex St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 1/2 36 19

19. UNDERTAKER M. J. Burke
(Address) 2211 Hudson St

FILED ..... 1936 ..... Registrar.

N2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1935 to Jan 1, 1936

I last saw him alive on Jan 1, 1936 Death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel Diener M. D.

(Address) Sinai Hospital

Spec.—1-12-23—M&T—500 Blks.

F 19134 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19134

CERTIFICATE OF DEATH. 159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 Wellington ST. 13-2 WARD)

2-FULL NAME Infant Cooke

(a) RESIDENCE NO. 845 Wellington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-30-1935

7 AGE Years Months Days If LESS than 1 day hrs. or min.

Premature 4 1/2 mo. fetus 5 Hours

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Talbott L. Cooke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret P. Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md

PARENTS

14 Informant Talbott L. Cooke

(Address) 845 Wellington St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30 1935

17 I HEREBY CERTIFY, That I attended deceased from 12-30-, 1935 to 12-30-, 1935

that I last saw ~~him alive~~ on 12-30, 1935

and that death occurred, on the date stated above at 11 B.O.P. m

The CAUSE OF DEATH* was as follows:

Premature birth 4 1/2 mo. Gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James S Ashcraft, M. D.

, 19 (Address) 401 2 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 12 30 1935

20 UNDERTAKER Charles Davis 3718 Eastern Ave

ADDRESS

F 19135

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19135

CERTIFICATE OF DEATH

105

1. PLACE OF DEATH Lyndenham Hospital 25-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph McKeown

(a) Residence: No. 2212 Annapolis Road St., ... Ward. .....

(Usual place of abode) Westport. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	5	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Thomas McKeown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Duval

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Thomas McKeown (father)

(Address) 2212 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL Cathedral - Date 1-2 36

19. UNDERTAKER Bernard C. Harder

(Address) 1000 S. Paca St.

Funeral Director

Registrar.

20. FILED 2-1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 1935 to Jan. 1 1936

I last saw h[illegible] alive on Jan. 1 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strep. Laryngitis	Dec 30
Mongolism	Birth

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease of injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Styles, Jr. M. D.

(Address) Lyndenham Hospital

F 19136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19136

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 N Chester St., 6 Ward)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Washington Hahn

(a) Residence: No. 232 N Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Hahn

6. DATE OF BIRTH (month, day, year) Feby 22 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Makes

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3 yrs ago

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Hahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dora Jenss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alice Hahn

(Address) 232 N Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Park Date Jan 2 1936

19. UNDERTAKER John Wenck

(Address) [illegible]

20. FILED Jan 2 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1935 to Dec 30, 1935

I last saw h[illegible] alive on Dec 29, 1935. Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Hypo
Chronic Nephritis	
Other contributory causes of importance:	
Pneumonia	1 Day
Oedema	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J Kent M. D.

(Address) 413 N Washington

F 19137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 564 W. University Parkway Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma L. Schumacher

(a) Residence: No. 564 W. University Parkway Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 30. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Conrad Schumacher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lois Pope

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lester McCrea

(Address) 564 W. University Park

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jany 2. 1936

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1100 Eutaw Place

Filed ..... 19 ..... Registrar

AN 2. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30. 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1935 to Dec. 30, 1935

I last saw h.r alive on Dec. 30, 1935 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio - sclerosis	1928
Angina - Pectoris	12/4/35

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer L. Dodd M. D.

(Address) 735 N. Fulton Ave

M. D. 31 1286

F 19138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19138

1. PLACE OF DEATH West Baltimore General Hospital 163

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Laura Browning

(a) Residence: No. 3003 Granada ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. H. Browning

6. DATE OF BIRTH (month, day, year) Nov. 16 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John F. Walters

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sallie B. Pars

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Milton Rose Sister

(Address) 19 W. Oxford

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 1/2 1936

19. UNDERTAKER J. Fenwick McCully

(Address) 130 E Fort ave

26 FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 1/15 and

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poison	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 12/31 1935

Where did injury occur? Home, Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Bichloride Tablets,

Nature of injury Self administered

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hann M. D.

Coroner

(Address) 1215 Hanover ave

F 19139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No. F 19139

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3607 Edgewood Road St., 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Emma K. Imhoff

(a) Residence: No. 3607 Edgewood Road St., Ward. Pittsburg Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Imhoff

6. DATE OF BIRTH (month, day, year) Dec 4.1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh

FATHER

13. NAME Martin Kessler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Peters

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorothy McAllister

(Address) Pittsburgh Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Pittsburgh Pa Date Dec5.1936

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED 12-7-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 2.1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1935 to Jan 2, 1936

I last saw h alive on Jan 1, 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uteri	3 yrs (?)

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. G. Jones M. D.

(Address) 720 W. North Ave.

F 19140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — 3 — 122-B — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. William Whitridge Hall (Nellie)

(a) Residence: No. 2447 N. Calvert St St., Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Wm. W. Hall

6. DATE OF BIRTH (month, day, year): July 21 1865

7. AGE: Years 70 | Months 5 | Days 11 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: Richard B. Evans
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Eugenia Creamer
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs. W. Hall
(Address) 2447 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Jan 3 1936

19. UNDERTAKER: John O. Mitchell Sons
(Address) 1924 Eutaw Place

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-31 1935 to 1-1 1936

I last saw her alive on 1-1 1936 Death is said to have occurred on the date stated above, at 2 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute obstruction of small intestine.	
Other contributory causes of importance: Intestinal Adhesions, multiple, chronic.	

Was an operation performed? yes Date of 12-31-35

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy Date of 12-31-35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. Leslie Fleming M. D.

(Address) Union Memorial Hosp.

F 19140

Dr Seidel F 19141

F 19141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. 15-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Raytor ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Cahlan

(a) Residence: No. 2014 Raytor ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nina

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 75; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Abraham Klayman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Etta Laga

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Abraham Kindell

(Address) 1706 Appleton St

18. BURIAL, CREMATION, OR REMOVAL: Holem Rosedale Date 1/2/36 19

19. UNDERTAKER: Jack Levy Inc

(Address) 1439 E. Baltimore St

20. FILED: 1-2-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept-15-, 1935. to Jan-1-, 1936

I last saw her alive on Jan-1-1936 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset about 1920

Other contributory causes of importance:

Hypertension & Arteriosclerosis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman Seidel, M. D.

(Address) 2404 Eutaw Pl

Dr Kirstein 2419 Reisterstown Rd 19142 of 3146

F 19142

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Pasbatten Ave St., Ward)

Registered No. V 450

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Bessie Rosenstein

If U. S. Veteran specify WAR

(a) Residence: No. 3412 Pasbatten ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year): aug 18 1884 [redacted]

7. AGE: Years 51 | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Israel Silverman
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Goldie
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Isaac Rosenstein
(Address) 3412 Pasbatten ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cohen Farm Date 1-2-36 19

19. UNDERTAKER: H. H. Lewis Inc
(Address) 1422 E. Baltimore St.

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-36 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th 1935 to Jan 2nd 1936

I last saw h[illegible] alive on Jan 1st 1936 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	

Other contributory causes of importance:

Metastatic Carcinoma of Lungs

Was an operation performed? yes Date of 1933-1935

For what disease or injury? Carcinoma of Breast

Name of operation Same as above Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Nurkin M. D.

(Address) 2419 Reisterstown Rd Baltimore

F 19143

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19143

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 Lauretta Ave. 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 7 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gordon J. Estoit

(a) Residence: No. 2637 Lauretta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21st 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Estoit

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Grace Woodall

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr Joseph Estoit

(Address) 26 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 1/2/36

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/ 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29 1935 to Dec. 30 1935

I last saw him alive on Dec. 30 1935 Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	6/29/35
Other contributory causes of importance: Aorta Dilatation of Heart	11/28/35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12/31/35 (Signed) H. L. Tompkins M. D.

(Address) 1644 Hanover St

M. D. B 1268-9

19144 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 19144

93-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH Was found lying dead on Pimlico Rd
CITY OF BALTIMORE: (No. On sidewalk on St. Ward) Next I found will on

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mon. ds.

2. FULL NAME Herman Schapiro

(a) Residence: No. Lake Drive Apts. St., Lake Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara S. Schapiro

7. DATE OF BIRTH (month, day, year) Aug. 17, 1869

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Court Interpreter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Adolph Schapiro

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. H. Schapiro
(Address) Lake Drive Apts.

18. BURIAL, CREMATION, REMOVAL
Place Loudon Pk. Crem. Date Jany. 3, 1936

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

FILED , 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19
I last saw him alive on , 19 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration ?	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis ? Clinical Was there an autopsy ? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide ? Date of injury , 19
Where did injury occur ? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased ? No If so, specify

(Signed) Edward Hedrulen M. D.
Coroner
(Address) 850 W. 36th St.

M. D. B. 1768-9

F 19145

F 19145 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Harford ave St., 9th Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Garrett Washington

(a) Residence: No. 1405 Harford ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ruth Washington

6. DATE OF BIRTH (month, day, year): Jan 19 1914

7. AGE — Years: 21 | Months: 11 | Days: 11 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

13. NAME: Georgia Washington

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Henretta Harrison

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Henretta Washington

(Address) 1405 Harford ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/2 1936

19. UNDERTAKER: Kayne Sanders

(Address) 4131 Pinkney ave

FILED 2 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1935 to Dec 31 1935

I last saw him alive on Dec 30 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Probably 3 mos

Other contributory causes of importance:

Pulmonary Hemmorhages	2 wks

Name of operation: none Date of

What test confirmed diagnosis? physical Was there an autopsy?

23. If death was due to external causes, (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. L. Young M. D.

(Address) 1429 E Baltimore St

19146

HEALTH DEPARTMENT—CITY OF BALTIMORE

19146

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Allendale Rd 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Isabelle Weekes

If U. S. Veteran specify WAR .....

(a) Residence: No. 2108 Allendale Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Dealy Weekes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Matilda Philips

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Maud S Weekes

(Address) 2108 Allendale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Jan. 4 1936

19. UNDERTAKER Wm McKeever Sons

(Address) Monroe & Pavee.

20. FILED ..... 19 ..... Registrar

JAN 2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1930 to Dec. 31 1935

I last saw her alive on Dec. 31 1936. Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis with	1930
Chronic Bronchitis with	
Bronchiectasis, with	1935
Myocardial insufficiency	1935
Other contributory causes of importance and duration	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J Wesley Cole M. D.

(Address) 2207 Harrison Ave

✓ F 19147

19147 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baalto gen Hosp St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Fred Brewer

(a) Residence: No. 2702 Riggs ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) July 28 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Supplies

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) New York NY

FATHER

13. NAME Fritz Brews

14. BIRTHPLACE (city or town) (State or country) Hanover Germany

MOTHER

15. MAIDEN NAME Lena Wald

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Charlotte Brewer
(Address) 2702 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Jan 2, 1936

19. UNDERTAKER Wm J Tuckker & Sons
(Address) 14th & Penna Ave

20. FILED JAN 2 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-26-35, 19.... to 12-30-35, 19.... I last saw him alive on 12-30-35 9:55 PM, 19.... Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 - Uremia	
2 - chronic glomerular Nephritis	
3 - cardiac hypertrophy & coronary sclerosis	
4 - Benign prostatic Hypertrophy.	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Milton Levin, M. D.

(Address) WBSN

19148 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 19148

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 E. Jefferson St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Schwarzkopf

(a) Residence: No. 2012 E. Jefferson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Schwarzkopf

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME of Father John Krieger

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mother Caroline Mennick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lenger
(Address) 2012 Jefferson

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/3/36 19

19. UNDERTAKER 13 & 18 Eighth St.
(Address)

DEC 2 - 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31 1935

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1935 to December 31, 1935

I last saw h... alive on December 29, 1935. Death is said to have occurred on the date stated above, at 11:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	not known

Other contributory causes of importance:

Hypertrophic Cirrhosis of Liver

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

F 19149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19149

95-B

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves. St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Wagner. Sr.

(a) Residence: No. Shipley Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Christina Wagner

6. DATE OF BIRTH (month, day, year) March 17 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9 10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Railroad Co.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) austria-Hungary

MOTHER FATHER

13. NAME Frank Wagner

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Ehrgott

16. BIRTHPLACE (city or town) (State or country) Ungarn

17. INFORMANT Frank Wagner

(Address) 528 Scott St

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Date 1/4/36 19

19. UNDERTAKER Thos J. Kenny

(Address) 76 & Gaither

Thos J. Kenny Funeral Director

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24. 1935 to Jan 1. 1936

I last saw him alive on Jan 1. 1936 Death is said to have occurred on the date stated above, at 11 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hypertension	?
Chronic Cardio-renal disease	?
Generalized arteriosclerosis	?
Cerebral Hemorrhage	Nov. 1935

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical & lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robert F. Neely, M. D.

(Address) St. Agnes Hospital

F 19150 ✓ F 19150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St. 10 Ward) Lying In Hosp

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Lucy Burns

If U. S. Veteran specify WAR

(a) Residence: No. 1233 Greenmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 11, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Dahiney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary Burns

(Address) 1233 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan 3rd 1936

19. UNDERTAKER E. Lupus H. Conkling

(Address) 524 E Eager St.

FILED JAN 2 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1935, to Dec 31, 1935

I last saw h alive on Dec 31, 1935 Death is said to have occurred on the date stated above, at 8 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Robot Pneumonia	12 days
Chronic Myocarditis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Levin M. D.

(Address) W. B. & H.

✓F 19151

9151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348-82a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Hosp yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Plato

(a) Residence: No. 1752 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Plato

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Brown.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cath. Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sister Laura Jenkins

(Address) 27 St. Vincents St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Jan 4th 1936

19. UNDERTAKER A. Jones

(Address) 111 S. Gilmor St

20. FILED. Jan 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1935 to 12/31, 1935

I last saw her alive on 12/31, 1935 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

F 19152

19152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5200 Maple Ave St., 27-17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR none

2. FULL NAME Andrew J. McNier
(a) Residence: No. 5200 Maple Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary McJenkins (McNier)

6. DATE OF BIRTH (month, day, year) Oct. 7, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Shop

10. Date deceased last worked at this occupation (month and year) Jan. 1928

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew J. McNier

14. BIRTHPLACE (city or town) (State or country) Baltimore,

MOTHER

15. MAIDEN NAME Mary J. Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore,

17. INFORMANT Mrs. Lillian Ackerman
(Address) 5200 Maple Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 1/4 1936

19. UNDERTAKER George Lennon
(Address) 4611 Park Heights
Huntington & Pimlico

21 of (Date) 1936 # 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1935 to Jan 1 1936

I last saw h[illegible] alive on Dec 31, 1935 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Arteriosclerosis	[illegible]
	2.

Other contributory causes of importance:
Senility

Was an operation performed? ..... Date of .....
For what disease or injury? No
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place No
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. P. Emson M. D.
(Address) 4936 Park Heights Ave

F 19153

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

F 19153

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 634 W. Lafayette St., 17 Ward) 2

2-FULL NAME Virginia Dixon

(a) RESIDENCE NO. 634 W. Lafayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Hanson Dixon

7 DATE OF BIRTH (month, day, and year): Feb 28, 1841

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	44 & 5	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Charlestown

(State or country): W. Va.

10 NAME OF FATHER: James Pendleton

11 BIRTHPLACE OF FATHER (city or town): Charlestown

(State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Virginia Saunders

13 BIRTHPLACE OF MOTHER (city or town): Charlestown

(State or country): W. Va.

14 Informant: Rose V. Johnson

(Address): 634 W. Lafayette ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1 / 1936

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1935 to Jan 1, 1936, that I last saw h.. alive on Jan 1, 1936, and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis and Arteriosclerosis

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) William H. Watts M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charlestown West Virginia — Date of Burial: Jan 3 1936

20 UNDERTAKER: Thomas E. Wright — ADDRESS: 200 North Charles St.

✓ F 19154

19154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 E. 28th. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence F. Heath

(a) Residence: No. 1600 E. 28th. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Sept. 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress-Maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William F. Heath.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Hannah Waller,

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary L. Hamilton.
(Address) 1600 E. 28th. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date June 3 1936

19. UNDERTAKER George W. Zirkler
(Address) 1137 E Eager St.

20. FILED ..... 19 ..... Registrar

6-2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1935, to Dec 30, 1935

I last saw her alive on Dec 30, 1935 Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	June 1933
Other contributory causes of importance:	
Coronary Thrombosis	Dec 30 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas W Edmunds M. D.

(Address) 2746 Alameda Blvd

19155 E 19155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Lakewood Ave St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Mosher

(a) Residence: No. 822 N. Lakewood ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F. Mosher

6. DATE OF BIRTH (month, day, year) July 4. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Stein

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) dont know

17. INFORMANT Charles F. Mosher

(Address) 822 n Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore bemt. Date Jan 3 1936

19. UNDERTAKER George W. Zipfler

(Address) 1737 E Eager St

20. FILED Jan 2 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan' 1, 1935 to Dec. 31, 1935

I last saw her alive on Dec. 31, 1935. Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1934

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Home Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) Eugene L. Mongan M. D.

(Address) 514 Drury Lane

A&Co. 5-11 250B

19156 F 19156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4708 Amberley Ave St., 28-4 Ward) Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~yrs~~ life mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Elizabeth Woolery

(a) Residence: No. 4708 Amberley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Late Elmer E. Woolery

6. DATE OF BIRTH (month, day, year) Aug. 27th. 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME James Fahey
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Catherine Larkin
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Edmond J. Woolery
(Address) 4708 Amberley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date 1/3/1936, 19

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St

20. FILED 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct-15, 1935, to Jan-1, 1936
I last saw h[illegible] alive on Dec 31, 1935 death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	C
Carcinoma of bladder	
Carcinoma of uterus	
Other contributory causes of importance:	
Hypostatic pneumonia	Dec 28 31

Name of operation Laparotomy Date of Nov 25 35
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ✓
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Earle P Clemson, M. D.
(Address) 1123 St. Paul St.

19157 F 19157

19157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Margaret Mae Ensworthy

(a) Residence: No. 3503 E. Baltimore St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
(or) Wife of Joseph Anthony Ensworthy

6. DATE OF BIRTH (month, day, year) Jan 8, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25 years	11 mo	24 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) January 1933

11. Total time (years) spent in this occupation 7 years

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

MOTHER'S FATHER

13. NAME Nevins Ramsburg

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland.

MOTHER'S MAIDEN

15. MAIDEN NAME Jennie Baer

16. BIRTHPLACE (city or town) (State or country) Frederick Maryland

17. INFORMANT Joseph Anthony Ensworthy
(Address) 3268 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL Permit issued 1/5/36
Place Mt Olivet Date 1/5/36 19

19. UNDERTAKER C. E. Robinson Son
(Address) Reisterstown Md.

20. FILED 1/5/36 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-36 19

22. I HEREBY CERTIFY, That I attended, deceased from 12-27 1935 to 1-2-36 19 ..... last saw her alive on 1-2-36 19 ..... Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Salpingitis	
Paravaginal Abst.	
(Gen)	

Other contributory causes of importance:

Uremia	
Secondary anemia	
Pneumonia yes	

Was an operation performed? ..... Date of 12-28-35

For what disease or injury? Salpingitis

Name of operation Salpingectomy Date of 12-28-35

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. P. Staples M. D.

(Address) Middlesex Hosp.

✓ F 19158

19158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-a-159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Lee Hall

(a) Residence: No. 106 S. Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

8a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 20 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3 wks	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD

FATHER

13. NAME Ed. Sterling

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Jeanette Hall

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med School Date June 2 1936

19. UNDERTAKER Commissioner Health.
(Address) By Wm E Woodall

FILED June 2 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1935 to Dec 18 1935
I last saw him alive on Dec. 18 1935. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Nov 23
Syphilis, congenital	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John A Warfield M. D.
(Address) Johns Hopkins Hosp.

✓ F 19159

19159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hosp. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Elliott

(a) Residence: No. 616 Paca St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25 - 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 75 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

13. NAME James Elliott

14. BIRTHPLACE (city or town) (State or country) 616 Paca St.

15. MAIDEN NAME Laura Campbell.

16. BIRTHPLACE (city or town) (State or country) 616 Paca St.

17. INFORMANT Mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date Jan 2 1936

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw her alive on Dec 25 1935. Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Month Premature Infant.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Cruskgru M. D.

(Address) Balt. City Hosp.

✓ F 19160

19160 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-3

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 96 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emil Engust

(a) Residence: No. none St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/17/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Finland.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records, B. C. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jewish Sect. Date Jan 2nd, 19 34

19. UNDERTAKER .....
(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/27/34, 19..., to 12/29, 19 33

I last saw him alive on 12/29, 19 33. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	?

Other contributory causes of importance: none

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Tobias Weinberg, M. D.

(Address) Baltimore City Hospitals

F 19161

19161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Brosman

(a) Residence: No. 1825 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Brosman

6. DATE OF BIRTH (month, day, year) 4/14/1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Eli Downman

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Anna Bishop

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records B. C. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Jan 2 1936

19. UNDERTAKER
(Address)

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27 1930

22. I HEREBY CERTIFY, That I attended deceased from 7/27/29 1929 to 12/27 1930

I last saw her alive on 12/27 1930 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 hrs.
Other contributory causes of importance: Hypertensive Heart Disease ? 1½ yrs.	
Myocardial failure + Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Tobias Weinberg M. D.

(Address) Balto. City Hospitals

F 19162

19162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Burnell

(a) Residence: No. 770 W Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) August 14 1895

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Austin Burnell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Patient Sister

(Address) 719 W Saratoga st

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan 2 1936

19. UNDERTAKER Joseph A Shirley

(Address) 1409 N. Mount St

20. FILED ..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1935 to 12/31, 1935

I last saw him alive on 12/31, 1935 Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and heart disease	5 wks.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

F 19163

M. D. B 1268-9

19163 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 5 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Santa Genovese

(a) Residence: No. 412 Colvin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) July 4, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
26	24	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture factory

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Antonio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Domenica Cuneo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Antonio Genovese

(Address) 412 Colvin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/3/36, 19

19. UNDERTAKER Geo. J. Ruth Inc.

(Address) 17 S. Howard Ave

20. FILED 1936 Thursday Jan 2 1936 Dr. Pilli

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis (with hypertension)	

Other contributory causes of importance:

Uremia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Wright M. D.

(Address) 1010 S. Ellwood Ave.

F 19164

19164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 121

1. PLACE OF DEATH Hopkins Apartments

CITY OF BALTIMORE: (No. 31 st and St Paul St., 12 Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Thomas E. Dean

(a) Residence: No. Hopkins Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada E Dean

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Simpson & Dillon

10. Date deceased last worked at this occupation (month and year) Dec 1935 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMATION FURNISHED BY FATHER

13. NAME Dean

14. BIRTHPLACE (city or town) (State or country) unknown

INFORMATION FURNISHED BY MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ella Bornmann

(Address) 3308 Egerton Rd

18. BURIAL, CREMATION, OR REMOVAL

My Lady Manor Date Jan 3 1936

19. UNDERTAKER Wm J Jackson & Sons

(Address) Notice to Towson Hamburg

Registrar

FILED 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1934 to 1-1-1936

I last saw h alive on Dec 28th 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Valvular Heart trouble

Hypertension

Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Goldberg M. D.

(Address) 220 Eutaw Place

AACo. 5-31 2508

F 19165

HEALTH DEPARTMENT—CITY OF BALTIMORE

19165

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 16-2 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Haines

(a) Residence: No. 816 N. Calhoun St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch 28 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Elberton Ga

13. NAME Chandler Haines

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Annie Tucker

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Smith Haines
(Address) 816 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Elberton Ga Date Jan 6th 1936

19. UNDERTAKER Charles H Taylor
(Address) 514 N. Gilmore St.

20. FILED Jan 2 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27 1935, to Jan. 2, 1936

I last saw him alive on Jan. 2, 1936 death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sickle cell anaemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? [redacted] specify

(Signed) J. Rucker Moore, M. D.

(Address) Franklin Square Hosp.

F 19166

F 19166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 111-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 11 Ward)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Fred Bowser

(a) Residence: No. 1113 Druid Hill Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

3. DATE OF BIRTH (month, day, year) 1862

AGE	Years	Months	Days	If LESS than 1 day.. hrs. or ..... min.
	74	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edw. Ringgold.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Deanna Bowser.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W. C. Auburn Date Jan 3. 1936

19. UNDERTAKER Jos. W. Elsner Son
(Address) 638 N. Gilmor

DATE RECEIVED JAN 2 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20. 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/20. 1934 to 12/30. 1935

I last saw him alive on 12/30. 1935. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Arteriosclerosis	
Thrombosis of Pulmonary Arteries ?	several days ago

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical and Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) W. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

19167 HEALTH DEPARTMENT—CITY OF BALTIMORE

B 19167

CERTIFICATE OF DEATH

V 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Fitzsimmons.

(a) Residence: No. 643 W. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ; ----------

DATE OF BIRTH (month, day, year) January 1, 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1021

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Michael Fitzsimmons.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Jane Grady.

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Herbert J. Latchford. (nephew)
(Address) 3021 St. Paul St.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Jan. 3, 1936

UNDERTAKER Henry W. Kearsdon
(Address) 605 N. Calvert St.

FILED 1936 Statistician

Registrar 1/2/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.05 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral concussion — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 24, 1935

Where did injury occur? Franklin & Paca Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck & knocked down by taxi while crossing street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M. Reinhardt, Coroner, M. D.

(Address) 1017 E. Charles St.

M. D. B 1268-9

F 19168

9168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 307 N. Montford ave St., 8 Ward) 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 23 yrs. ... mos. ... ds.

2. FULL NAME Emily Mary Kirig

If U. S. Veteran specify WAR None

(a) Residence: No. 307 N. Montford ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital & Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Richard Williams

(Address) 3022 E. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Park Date Jan 4 1936

19. UNDERTAKER Leonard Merrick Co.

(Address) 25 Monroe

20. FILED Jan 6 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 30-1935

For what disease or injury? Carcinoma of Oesophagus

Name of operation Biopsy Date of Sept 27

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1912 E. North Ave.

M. D. B 1268-9

F 19169

1916 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Georgia Annie Jackson

(a) Residence: No. 524 N Dallas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Dundalk Md

(State or country)

FATHER

13. NAME George E Jackson

14. BIRTHPLACE (city or town) Eastern Shore Md

(State or country)

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) Eastern Shore Md

(State or country)

17. INFORMANT Alice Richardson

(Address) 527 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jany . 1936

19. UNDERTAKER Robert A Gilliam

(Address) 1515 N Eden St

20. FILED ..... 19 ..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	12/29/35

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury .....

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo C Allen M. D.

(Address) 850 Augusta St

Abst

8

19170 ✓ F 19170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 624 Ellsworth St., 8-7 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Anderson — If U. S. Veteran specify WAR _____

(a) Residence: No. 1624 Ellsworth St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 10-1935

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
0	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Ford

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Bessie Anderson

16. BIRTHPLACE (city or town) (State or country) Lunenburg N S

17. INFORMANT Charles Ford
(Address) 1624 Ellsworth Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 4 . 1936

19. UNDERTAKER Robert T Williams
(Address) 15-15 McElderry St

20. FILED Attention for Williams, Jr.
1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held (Inquest, Autopsy or Inquiry) thereon and (from the evidence obtained by said (Inquest, Autopsy or Inquiry)) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	12/30
Pneumonia	
Other contributory causes of importance:	35

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) Geo. L. Allen M. D.
Coroner

(Address) 850 Fairmount Ave

M. D. B. 1268-9

19171

F 19171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 5 Ward)

Length of residence in city or town where death occurred — yrs. 18 mos. ...ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul Green

(a) Residence: No. 1435 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 15 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Anywhere

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10 mo.

12. BIRTHPLACE (city or town) (State or country) E. Mary Co Md

FATHER

13. NAME Willie Green

14. BIRTHPLACE (city or town) (State or country) St. Mary Co Md

MOTHER

15. MAIDEN NAME Lena Brooks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha Green

(Address) 709 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary Colrd Date June 3 1930

19. UNDERTAKER P. H. Williams

(Address) 1515 McElderry St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of heart, Lungs & Stomach	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 12-28, 1930

Where did injury occur? Monument & Gay Sts Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Stabbed with Pocket Knife

Nature of injury Stab wound of heart Lungs & Stomach

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schaefer, M. D. Coroner

(Address) 1919 E. North Ave

M. D. B 1268-9

9172

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19172

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Herring Run St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anton or Andrew Karwacki

(a) Residence: No. 3002 Block Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1884

7. AGE: Years 51 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canning House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Joseph Karwacki

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Pawlak

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Karwacki

(Address) 3223 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL H. Hamplaus Date Jan 3 , 1936

19. UNDERTAKER Stephen J. Trafkowski

(Address) 1050 S. Kenwood Ave

Filed 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning - probably accidental

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? Herring Run (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell into water

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Wheeler Coroner, M. D.

(Address) 1919 E. North Ave

✓ F 19173

19173 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2916 Clifton Park Terrace St., E Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jesse C. Smith

(a) Residence: No. 2916 Clifton Park Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~) Julia Laragy

6. DATE OF BIRTH (month, day, year) Dec. 7th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 0029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

MOTHER

13. NAME Geo. T. Smith (Wife)

14. BIRTHPLACE (city or town) (State or country) City

15. MAIDEN NAME Margaret Green

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs. Julia Smith

(Address) 2916 Clifton Pk. Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 1/3/ 1936

19. UNDERTAKER C. J. Fleming & Son

(Address) 1938 E. Lafayette ave

20. FILED 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31st 1935

I HEREBY CERTIFY, That I attended deceased from February 10 1935 to December 31 1935

I last saw him alive on December 29 1935 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis — Date of onset 1 Year ago
Apoplexy
Chronic Interstitial Nephritis — 3 days

Other contributory causes of importance:

Uremia and Cardiac Decompensation

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No

(Signed) Albert Eisenberg M. D.

(Address) 2025 E. Madison St.

M. D. B. 1268-9

F 19174

9174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Independence St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James M Shea

(a) Residence: No. 3009 Independence St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Anne Kelly

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Shea

14. BIRTHPLACE (city or town) (State or country) Texas Md

15. MAIDEN NAME Mary Burke

16. BIRTHPLACE (city or town) (State or country) Texas Md

17. INFORMANT Thos. A. Shea

(Address) 3009 Independence St.

18. BURIAL, CREMATION, OR REMOVAL

Place Texas Md Date Jan. 30, 1936

19. UNDERTAKER Mary M Winfield

(Address) 501 E 22nd St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31/35

22. I HEREBY CERTIFY, That I attended deceased from 5/30/35, 19..., to 12/31/35, 19...

I last saw him alive on 12/29/35, 19... Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	?

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Heart failure - while exerting

Manner of Injury sudden shoveling snow

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H W Cadden, M. D.

(Address) 321 E 25th

M. D. B 1268-9

F 19175

9175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Colorado av St., 27 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Loughborough

(a) Residence: No. 716 Colorado av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Loughborough

6. DATE OF BIRTH (month, day, year) May 19, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wool Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Outside 1086

10. Date deceased last worked at this occupation (month and year) Dec 25 35

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Wm L. Loughborough

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Bertha Loughborough

(Address) 716 Colorado av

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 3 1936

19. UNDERTAKER Geo L Beyer Jr

(Address) 1512 Hollins St

20. FILED ... 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) about Dec 27 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so specify .....

(Signed) E. H. Richardson M. D.
Coroner

(Address) Coroner

19176 STATE OF MARYLAND—CERTIFICATE OF DEATH 19176

1. PLACE OF DEATH
County Balto. Registration Dist. No. 50
Village or City Balto No. St., Ward
(If death occurred in a hospital or institution, give its NAME, instead of street and number)
Length of residence in city or town where death occurred 2 yrs. mos. ds How long in U. S. if of foreign birth? 28 yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Lida T. Barnett
(a) Residence No. Windsor Mills St. Ward Balto
(Usual place of abode) West of Hutton Ave. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Barnett

6. DATE OF BIRTH (month, day, and year) Oct 2 nd 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Mathias Arnold
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Susan Green
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas. Barnett (Address)
18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem Date Jan 3rd, 1936
19. UNDERTAKER Edward Shipley (Address) Laurel Md.
20. FILED Jan 5 1936 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 1st (Month) (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 27th, 1931, to January 1st, 1936
I last saw her alive on Dec 31st, 1935; death is said to have occurred on the date stated above, at 7:45 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

	Date of onset
Carcinoma of Breast	1934

Other Contributory Causes of importance:
Bad Heart

Name of operation Removal of Breast Date of Dec 31st 1935
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Geo. F. Boorhaave M. D.
(Address) Windsor Mills Balto

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. R. 1268-2

F 19177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19177

4-2 X 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David C. Hall

If U. S. Veteran specify WAR

(a) Residence: No. Laurel, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie M. Hall

6. DATE OF BIRTH (month, day, year) March 4, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.Co.

10. Date deceased last worked at this occupation (month, year) 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME David Hall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Nellie Hall

(Address) Laurel

18. BURIAL, CREMATION, OR REMOVAL

Laurel Md. Date Jan 8 1936

19. UNDERTAKER Floyd Waugh

(Address) Laurel Md.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thromboses	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. H. Adelsperger M. D. Coroner

(Address) 237 Carroll Ave

M. D. P. 1268-9

F 19178

19178 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Braddish Ave Ward) 5-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Applegarth

(a) Residence: No. 1909 Braddish Ave Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married, Widowed, Divorced~~ (write the word): Married

5a. If married, ~~wife of~~ HUSBAND of: Margaret E. Applegarth

6. DATE OF BIRTH (month, day, year): Mar 31st 1860

7. AGE: Years 75 | Months 9 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Insurance

10. Date deceased last worked at this occupation (month and year): Dec 29 1935

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER

13. NAME: Henry Clay Applegarth

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Emily Abby

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Margaret E. Applegarth 1909 Braddish Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Jan 4th 1936

19. UNDERTAKER (Address): Wm Cook 1217 E. Paul St

20. FILED: Jan 5 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from January 16th 1936 to January 2nd 1936

I last saw him alive on January 16th 1936. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows: Organic Heart Disease Mitral

Date of onset

Other contributory causes of importance: Acute Indigestion

Name of operation: None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ✓

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. B. Glascock, M. D.

(Address) 2213 Eutaw Place

M. D. B 1268-9

F 19179

F 19179 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General St. (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances E Kenny

If U. S. Veteran specify WAR No Record

(a) Residence: No. 34 Edmondson Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward E Kenny

6. DATE OF BIRTH (month, day, year) Sept 3 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Edward Drummond

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Annie Miller

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mrs H. Wilson Kellam

(Address) 3200 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Frederick Md Date Jan 3d 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 4 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12.20 am

The principal cause of death and related causes of importance are as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mann Coroner M. D.

(Address)

F 19180

19180 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 155

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 21-02 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie McCooke.

(a) Residence: No. 1139 Cleveland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John.

6. DATE OF BIRTH (month, day, year): 1/6/1869.

7. AGE: Years 66 | Months 11 | Days 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Pittsburgh Pa

13. NAME OF FATHER: Redmiam Hendfox

14. BIRTHPLACE (city or town) (State or country): Ireland.

15. MAIDEN NAME OF MOTHER: Catherine McKenna.

16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT: Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Jan 4th, 1936

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

FILED JAN 3 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/14, 1935 to 1/2, 1936

I last saw her alive on 1/2 1936 Death is said to have occurred on the date stated above, at 4 45 a.m.

The principal cause of death and related causes of importance were as follows:

Cyst of ovary c sterile Peritonitis — Date of onset ?

Pagets disease of bone — ?

Other contributory causes of importance: over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reis, M. D.

(Address) Balto City Hosp

E 19181 ✓ E 19181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 76 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ben Osborn

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4109 E. ombard st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	~~Single~~

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Clara Osborn

6. DATE OF BIRTH (month, day, year) Dec. 27, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME George Osborn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 3rd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED JAN 3 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3 1934 to Dec. 31 1935

I last saw him alive on Dec. 31 1935 Death is said to have occurred on the date stated above, at 6.50 ~~p.~~ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept 1934
Sept	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

F 19182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

4-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Timothy Hanlon

(a) Residence: No. 757 W. Fayette St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Hanlon

6. DATE OF BIRTH (month, day, year) May 30, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Timothy Hanlon

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Ella Hanlon

(Address) 757 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/4 1936

19. UNDERTAKER Timothy Cook

(Address) 1219 E. Pratt St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1936 19

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Poison (Illuminating)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Jan. 1, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. Wallen M. D.

(Address) 757 W. Fayette St. Coroner

M. D. B. 1268-9

F 19183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19183

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1016 Light St. St., 23 Ward)

Length of residence in city or town where death occurred 50 yrs. 2 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph H. Stump

(a) Residence: No. 1016 Light St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If ~~XXXXX~~ widowed, or ~~XXXXXXX~~ HUSBAND of (~~XXXXXXXX~~ Winefred A. Stump.

7. DATE OF BIRTH (month, day, year) October 6, 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer, Nat. Pea

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kneeling works.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Stump.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Anna Scott.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John J. Stump. (brother)

(Address) 2918 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 1-4 19 36

19. UNDERTAKER Bernard C. Harle.

(Address) 1000 S. Paca. St.

FILED JAN 3 - 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 11.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis inquiry Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Otto Steinhardt M. D. Coroner

1/2/36 (Address) 1017 E. Charles St.

19184 HEALTH DEPARTMENT—CITY OF BALTIMORE 19184

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Keilholtz

If U. S. Veteran specify WAR

(a) Residence: No. 913 S. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7/8/1850.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Chas Keilholtz

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME OF MOTHER Catherine ?

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Patient Henry Keilholtz

(Address) 740 N Hamburg St.

BURIAL, CREMATION, OR REMOVAL London Park. Date 1-3rd-36

UNDERTAKER Bernard C. Hoyle

(Address) 1000 S Paca St

JAN 3 - 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19 to 12/31, 1935

I last saw him alive on 12/31, 1935. Death is said to have occurred on the date stated above, at 6 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	3
Senility	2

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

F 19185

F 19185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4524 Schenley Road (St.) (Ward) 23-14

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Jane Vaughan

(a) Residence: No. 4524 Schenley Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE: Sidney Vaughan

6. DATE OF BIRTH (month, day, year): Feb 19, 1861

7. AGE: Years 74 | Months 10 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): London England

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Lucy Vaughan

(Address) 4524 Schenley Road

18. BURIAL, CREMATION, OR REMOVAL: Mays Funeral Home Jan 3, 1936

19. UNDERTAKER: Edmondson

(Address) 36 S. 17 Charlestown

FILED: 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct - 5, 1935, to Jan - 1, 1936.

I last saw her alive on Jan - 1, 1936 Death is said to have occurred on the date stated above, at 9 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of the Bladder	733
Uremia	12, 25, 35

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gibson Porter, M. D.

(Address) 4522 Roland Ave

19486 F 19186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Ferguson Creamer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2931 Fait St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) Sept 29 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None) housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Ferguson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Matilda Ernst

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Evelyn Creamer (daughter)

(Address) 2931 Fait St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date Jan. 3. 1936

19. UNDERTAKER H. Sander Sons Inc

(Address) 1101 East Baltimore St

Funeral Home

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Dec 30 1935

Where did injury occur? Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of Injury Asphyxia

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. F. Wright, M. D.

(Address) 1010 S. Eden St Coroner

F 19187

F 19187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Little Sisters 1200 Valley St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Ellen Donovan

(a) Residence: No. 1200- Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John P. Donovan

6. DATE OF BIRTH (month, day, year): 11 March 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home (Retired)

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME Anthony Hacett

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME Annie Gavich

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Sister Stanislaus, Sup.
(Address) Little Sisters of the Poor - 1200 Valley

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: Jan. 4 1936

19. UNDERTAKER: Margaret J. Hellmann
(Address) 2107 N. Hilton St

20. FILED 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2 January, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug ..., 1933, to Jan 2, 1936.
I last saw her alive on Dec 31, 1935. Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	3
Other contributory causes of importance: Hypertension	?
Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Phys. Date of 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. J. Corkran, M. D.

(Address) 1114 Hollins

F 19188 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19188

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-1 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 23 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Goel Bloom

(a) Residence: No. 2301 Airoke Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph Bloom

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Blvd Date 1/3/36

19. UNDERTAKER Levi Levin Co
(Address) 1439 E. Baltimore St.

20. FILED ..... Registrar.

JAN 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to Jan. 2, 1936

I last saw him alive on Jan. 2, 1936. Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 INTERCRANIAL HEMORRHAGE	
2 LEFT HEMIPLEGIA.	

Other contributory causes of importance:

HYPERTENSION
ARTERIOSCLEROSIS

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M Jeffrey, M. D.

(Address) Sinai Hospital

F 19189

19189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. .....

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Billesky

(a) Residence: No. 1311 East Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Frank Billesky

7. DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	49		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Maker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mirsum

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Mary Billesky 1311 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Russian Cem. Date Dec. ... 1935

19. UNDERTAKER (Address) Wendell D. Rogers 1450 Gay St

FILED ... 19 ... Registrar.

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935 to Dec 31, 1935
I last saw him alive on Dec 31, 1935 Death is said to have occurred on the date stated above, at 10 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Gastric ulcer	
2. Pneumonia - lobar	
Other contributory causes of importance:	
Ind anaemia	

Was an operation performed? yes Date of 12-21-35
For what disease or injury? Gastric ulcer
Name of operation Resection stomach Date of 12-21-35
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

1-30—M. & T.—100 B—50L

F 19190

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19190

CERTIFICATE OF DEATH

157-a

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Mc Eldery st ST., 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Donald R Diggs

(a) RESIDENCE No 2604 Mc Eldery ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 14 th 1934

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		14	17

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER James E Diggs

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Mildred Cole

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant James E Diggs

(Address) 2604 Mc Eldery st

15 Filed. ..... 192 Huntington for Pittsburg, Registrar

3/4/1935

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Hydrocephalus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Paul Schreiber, M. D. Coroner

, 19 (Address) 1919 E. North Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Jan 3 1936

20 UNDERTAKER John Ulrich

ADDRESS 2008 Aisquith

Spec.—8-16-29—L. F. S.—100 Bks.

F 19191 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19191

92-a

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 227 W Biddle ST., 11-3 WARD)

2—FULL NAME Rachel A. Thornton

(a) RESIDENCE NO. 227 W Biddle St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J.

DATE OF BIRTH (month, day, and year) Feb. 6' 1866

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
69	Feb.	6 26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) md.

10 NAME OF FATHER Joseph Manns

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Louisa Sayles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant John C. Thornton

(Address) 227 W Biddle St

JAN 3 - 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2' 36

17 I HEREBY CERTIFY That I attended deceased from Nov 10 1935, to Jan 2 1936, that I last saw h alive on Jan 1 1936, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Cardiosclerosis & Senility

(duration) — yrs. 1/2 mos. — ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Jas A Kaufman, M. D.

, 19 (Address) 1433 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 1/4/36 19

20 UNDERTAKER Mrs. Geo. A. Holland

ADDRESS 1431 Druid Hill Ave

M. D. B. 1268-9

19192 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 19192

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Wise

(a) Residence: No. 704 Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) Sept 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	47	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (W.P.A.)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gastonia North Carolina

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Ida Wise

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lubage Date Jan 7 '36 1936

19. UNDERTAKER Adolphus Hahtead.

(Address) 1 E Eutaw Street.

20. FILED JAN 3 1936 [illegible] Registrar.

Estes

MEDICAL CERTIFICATE OF DEATH 1936

21. DATE OF DEATH (month, day, year) Jan 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec 28 '35

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. P. Maybe, M. D. Coroner

(Address) [illegible] Orchard Street

M. D. P. 1268-9

F 19193

F 19193 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 50

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3302 Presstman St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Augusta Lastner.

(a) Residence: No. 3302 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry J. Lastner.

6. DATE OF BIRTH (month, day, year) April 26th. 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 10 31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME John Simon

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Miltilda Sadosky.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Henry J. Lastner

(Address) 3302 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 3rd 19 36

19. UNDERTAKER George L. Schwab

(Address) 2101 Pinkney ave.

FILED 19 Registrar.

N 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31st 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Dec. 31 1935

I last saw her alive on Dec. 30 1935 Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of both Breasts	Oct 1933.
Other contributory causes of importance: metastases in Abdomen & probably in lungs	Some months

Name of operation Radical Amputation Date of Nov. 24 33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore H. Morgan M. D.

(Address) 1013 N. Charles St.

F 19194

M. D. P. 1268-9

19194 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-4 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2345 Stockton St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Haliburton

(a) Residence: No. 2345 Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Haliburton

6. DATE OF BIRTH (month, day, year) 5/19/1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Granville

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C

13. NAME Robert Ellis

14. BIRTHPLACE (city or town) (State or country) Granville N C

15. MAIDEN NAME Ellis Ellis

16. BIRTHPLACE (city or town) (State or country) Granville N C

17. INFORMANT John Haliburton

(Address) 2345 Stockton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1-4/36 . 19

19. UNDERTAKER Charles H. Burkett

(Address) 5-2 Edmondson Ave

Huntington Pittsburgh, Pa.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2/ . 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/24/ . 1935 to 1/2/ . 1936

I last saw her alive on 1/1/ . 1936 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/24/35
Chronic Myocarditis	1/1/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. S. Hoover, M. D.

(Address) 912 N. Eutaw St.

F 19195

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19195

CERTIFICATE OF DEATH

25

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital St., 23 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence Jefferson

(a) Residence: No. 902 S. Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-10-1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 0040

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Edward Jefferson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mabel Hicks

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date Jan 4 1936

19. UNDERTAKER Ernest Pree
(Address) 1021 Hanover St

FILED JAN 3 - 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-17 1935, to 12-31 1935.
I last saw him alive on 12-31 1935. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	?
Other contributory causes of importance: Lobar Pneumonia	1wk.

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson, M. D.

(Address) Balto. City Hospital

E 19196

19196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

14-3

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 McCulloh St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Fletcher H Gunther

(a) Residence: No. 2218 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie M Gunther

DATE OF BIRTH (month, day, year) unknown 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs J Gunther
(Address) 2218 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/6/ 1936

19. UNDERTAKER Thomas E Nelson
(Address) 1303 Druid Hill Ave

20. FILED [illegible]

13-1336

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/22 1935 to 1/2 1936

I last saw him alive on 1/1 1936 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach & Liver	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What was final diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. specify .....

(Signed) R M Slutts M. D.

(Address)

M. D. B 1268-9

19197 E 19197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 N. Vincent, St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mariana Rey f

(a) Residence: No. 1317 Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1838

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Jennie Perez

14. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

15. NAME James Ray

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT James Ray (Address) 1317 Vincent St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 1/4/1 . 19 1

19. UNDERTAKER Thomas E. Kelson (Address) 1302 Druid Hill Ave

Registrar.

20. FILED . 19

JAN 5 - 1920

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1919

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. 4.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner . M. D.

(Address)

F 19198

HEALTH DEPARTMENT—CITY OF BALTIMORE

#46777 F 19198

CERTIFICATE OF DEATH

1X53-L

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-5 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Kahler

(a) Residence: No. 232 Muench St., ... Ward. Harrisburg Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	married

6a. If married, widowed, or divorced RUSBAND of (or) WIFE of: Carrie

6. DATE OF BIRTH (month, day, year): 10-20-87

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: P.R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: William Kahler

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Frances Musser

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisburg, Pa. Date 1/3/36 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1935 to Jan 3 1936

I last saw him alive on Jan 3 1936 Death is said to have occurred on the date stated above, at 12.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	Dec. 1934
Other contributory causes of importance: Pulmonary embolism	

Was an operation performed? Yes Date of 12/21/35

For what disease or injury?

Name of operation Rt. Craniotomy Date of Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

F 19199

308055

HEALTH DEPARTMENT—CITY OF BALTIMORE

19199

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. Mullin

If U. S. Veteran specify WAR .....

(a) Residence: No. 510 Greenes St., ... Ward. Kane Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: May Dec 1868

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 67 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

13. NAME: John Mullin

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary Doyle

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Kane Pa Date Jan 5 1936

19. UNDERTAKER: John O. Whitbeck & Son

(Address) 1900 Eutaw Place

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 3 1936

22. I HEREBY CERTIFY, That I attended deceased from DEC-31 1935 to JAN 3 1936

I last saw him alive on JAN 3 1936 Death is said to have occurred on the date stated above, at 445 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	1 Yr ago
Uremia	3-4 weeks
Hydronephrosis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stuart Jones M. D.

(Address) Johns Hopkins Hospital

F 19200

9200 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 S Stricker St., 19-3 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Mrs Martha Larsen

(a) Residence: No. 100 S Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rasmus Larsen

DATE OF BIRTH (month, day, year) Nov 9 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Denmark

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs Shirley B Morris

(Address) 100 S Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/4 - 1936

19. UNDERTAKER Robt F Brooke & Son

(Address) Calhoun & Hollins sts

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from DECEMBER 1932 to JANUARY 2 1936

I last saw her alive on JANUARY 2 1936. Death is said to have occurred on the date stated above, at 7.25 P m.

The principal cause of death and related causes of importance were as follows:

MYOCARDITIS, CHRONIC — Date of onset 1932

Other contributory causes of importance:

ACUTE CARDIAC DILATATION — 12/24/35

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A W Hoffmann M. D. M. D.

(Address) 8 East Read St

F 19201

19201 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Dobson (Joseph H. Dobson)

(a) Residence: No. C St., St. Denis, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Annie Dobson

6. DATE OF BIRTH (month, day, year) January 31, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	3 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Supt. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward 1086

10. Date deceased last worked at this occupation (month and year) December 1935

11. Total time (years) spent in this occupation 54 yrs.

12. BIRTHPLACE (city or town) (State or country) Gloucester County Virginia

FATHER

13. NAME Joseph H. Dobson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Bedorah Pettit

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Maud Disney

(Address) Relay, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 6 19 36

19. UNDERTAKER Dept H Cook

(Address) 1005 E. Baltimore St.

FILED 1936 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/11/36 1936, to 1/12 1936

I last saw him alive on 1/12 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous gall bladder with empyema that had ruptured	12/20/35
Cardiac failure with pulmonary edema following operation	1/31/35

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/30/35

For what disease or injury? Empyema gall bladder

Name of operation Cholecystectomy Date of 12/30/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Reed M. D.

(Address) University Hospital.

M. D. B 1268-9

F 19202

19202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH Franklin Square Hospital 19-3

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Spanish American

2. FULL NAME James Thompson

(a) Residence: No. 1513 Lemon St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Thompson

6. DATE OF BIRTH (month, day, year) Mar. 20th 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Structural Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 079

10. Date deceased last worked at this occupation (month and year) 10 years

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME James Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER

15. MAIDEN NAME Julia Thompson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md,

17. INFORMANT Randolph Thompson
(Address) 1513 Lemon St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date January 4, 1930

19. UNDERTAKER Lee H. Cook
(Address) 1005 N. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1st 30

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris,	

Other contributory causes of importance:

Anginal attacks for about two years

Was operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos H. Phillips Coroner M. D.
Coroner

(Address) 1939 Edmondson Ave.

9203

F 19203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Morris

(a) Residence: No. 1506 E Pratt St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced WIFE/HUSBAND of Orgian Morris

6. DATE OF BIRTH (month, day, year) Nov. 7. 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jerry Fitzgerald

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ruth Nelson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Mt. Auburn Cemetery Date Jan 2nd 1936

19. UNDERTAKER
(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 21 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-10-35, 19..., to 12-21, 1935

I last saw her alive on 12-21, 1935. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Stricture of Rectum	?

Other contributory causes of importance:

Tuberculous Bronchopneumonia	2 weeks

Was an operation performed? yes Date of 11-12-35

For what disease or injury? Stricture of Rectum.

Name of operation Colostomy Date of 11-12-35

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Lockard M.D.

(Address) Balto City Hospitals

9204 F 10994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital | 7 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Jones

(a) Residence: No. 633 Greenwillow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date Jan 3rd 1936

19. UNDERTAKER
(Address)

20. FILED ... Registrar

1987 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1935 to 12-30 1935

I last saw him alive on 12-30 1935 Death is said to have occurred on the date stated above, at 9½ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral Stricture	?
Urinary Extravasation	Nov. 1926

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-28-35

For what disease or injury Urinary Extravasation

Name of operation Supra-public Cystostomy

What test confirmed diagnosis Incision & Exploration Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hospital

M. D. B. 1268-9

9205

F 19205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Penitentiary Hospital

CITY OF BALTIMORE: (No. 954 Forrest St., 10 Ward)

Registered No. 73

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 4 mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Edward Harvey, al

(A) Residence: No. 954 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) [illegible] 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakland, Maryland.

FATHER

13. NAME Richard Harvey (dec)

14. BIRTHPLACE (city or town) (State or country) Oakland, Maryland.

MOTHER

15. MAIDEN NAME Amelia Harvey (dec)

16. BIRTHPLACE (city or town) (State or country) Oakland, Maryland.

17. INFORMANT Mrs. Mary J. Watts

(Address) Glen, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Md. School Date Dec 30 1935

19. UNDERTAKER [illegible]

(Address)

20. FILED 19 Registrar

IV 1989

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22-23, 1933 to Dec. 22nd 1935

I last saw him alive on Dec 22nd 1935 Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7-1-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Aubrey M. D.

(Address) 954 Forrest St

M. D. B. 1268-9

19206 ✓ F 19206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hosp

CITY OF BALTIMORE: (No. [illegible] St. 45 Ward)

Registered No. 210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

If U. S. Veteran specify WAR

2. FULL NAME William Bowen

(a) Residence: No. 916 - 7th St N.W. St. Washington DC Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	DK

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of DK

6. DATE OF BIRTH (month, day, year) DK

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65?	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

FATHER

15. MAIDEN NAME DK

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT None

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Jan 3 19 34

19. UNDERTAKER [illegible] Funeral Home

(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar.

1990 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7 , 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	12/3/33
Other contributory causes of importance: Congestive Liver & Febrile	12/5/33

Was an operation performed? No Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 11/12 , 1933

Where did injury occur? Rt Columbia 3 mls So. Ellicott City

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by automobile while walking along

Nature of injury Highway

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hector Gayton Hale M. D.

Coroner

(Address)

M. D. B 1268-9

✓ F 19207

19207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 247 N. Exeter St St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellen Spence

(a) Residence: No. 247 N. Exeter St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jos Med School Date Jan 3rd 1936

19. UNDERTAKER John Spencer Realty
(Address) [illegible]

20. FILED ... 19 ... Registrar.

THE MOSQUE. N 1991

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Chas B Wallace M. D.
Coroner

(Address) 1031 St. Paul St

19208 ✓ F 19208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 17 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Wright

(a) Residence: No. 1108 Brenter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 3/1/65.

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70		20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

13. NAME Jim Saunders.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Harriet

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 4 1936

19. UNDERTAKER Jos. H. Ridout
(Address) 436 S. Bond St.

20. FILED 1936 Jan 4 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/27 1935 to 12/31 1935

I last saw her alive on 12/31 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reily M. D.

(Address) Balto City Hosp.

AACo. 5-11 2508

19209 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19209

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 N. Arsmith St., 9-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta Louise Duvall

(a) Residence: No. 2515 N. Arsmith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Frederick Duvall

7. DATE OF BIRTH (month, day, year) Aug 18 - 189[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frank Jacob Ritzhaupt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Rebecca Neuhagen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Augusta Duvall
(Address) 2515 N. Arsmith St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date 1/4/36

19. UNDERTAKER Geo. J. Roth Jr.
(Address) 1735 N. Broadway

20. FILED ..., 19... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from the ... , 1935, to Jan 1, 1936

I last saw h[illegible] alive on Jan 1, 1936 death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ia Chronic Arterio Interstitial Hypertension	
Ib Chronic Valvular Heart Disease	Yrs
Other contributory causes of importance:	
Cerebral Hemorrhage	Hr.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. ...

(Signed) Morris J. Steinberg M. D.

(Address) 6016 Eastern Ave

F 19210

210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Gretner

(a) Residence: No. 1541 Caswell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara A. C. Manthey

6. DATE OF BIRTH (month, day, year) Aug. 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jacob Gretner

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sophia Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records.
(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemetery Date Jan. 4th, 1936

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Hartford Ave. Baltimore

20. FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1935, to Dec 30, 1935

I last saw him alive on Dec 30, 1935. Death is said to have occurred on the date stated above, at 10 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset before death
Arteriosclerosis	
Cerebral thrombosis	5 days

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals.

H. D. B 1968-9

19211

HEALTH DEPARTMENT—CITY OF BALTIMORE

19211

CERTIFICATE OF DEATH

V 94-D

Registered No. 25-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Sidney Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. France.

(a) Residence: No. 2306 Sidney Ave. St., ... Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, HUSBAND of Mary M. France.

DATE OF BIRTH (month, day, year) September 24 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	57	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School House #7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas France.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sarah Stein.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mary M. France. (wife)

(Address) 2306 Sidney Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 4th 1936

UNDERTAKER Wm Cook

(Address) 1217 St. Paul st.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchial Asthma.	
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto M. Reinhard M. D. Coroner

1/2/36 (Address) 1017 N. Charles st.

M. D. B. 1268-9

F 19212

F 19212 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 227 S. Exeter St., 3-2 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME Rev. Hector Messina

(a) Residence: No. 227 S. Exeter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 28 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy Siracusa

MOTHER FATHER

13. NAME Vincenzo Messina

14. BIRTHPLACE (city or town) (State or country) Siracusa Italy

15. MAIDEN NAME Vincenza Monada

16. BIRTHPLACE (city or town) (State or country) Siracusa Italy

17. INFORMANT Rev Flavio Radelli
(Address) 227 S Exeter St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 4 1936

19. UNDERTAKER Frank T. Pistone
(Address) 213 E. Baltimore St

Attorney for Pistone Bros. Inc.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1935 to Jan 1 1936

I last saw him alive on Jan 1 1936 Death is said to have occurred on the date stated above, at 9.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myo-Cardial Insufficiency	
Other contributory causes of importance:	
Rene-Cordal Nephritis	one

Name of operation ... Date of ... no

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Gallagher M. D.

(Address) 16 Lonsdale Roadway

9213

F 19213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 134

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 6 Bishops Rd St., 12-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? 73 yrs. 2 mos. ds.

If U. S. Veteran specify WAR none

2. FULL NAME Lee Wilson Skerry

(a) Residence: No. 6 Bishops Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Evans Skerry

6. DATE OF BIRTH (month, day, year) Aug 29 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Boydton Virginia

MOTHER FATHER

13. NAME Leroy M. Wilson

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

15. MAIDEN NAME Juliet Lambert

16. BIRTHPLACE (city or town) (State or country) Boydton Virginia

17. INFORMANT Mr. Edwin L. Wilson - (Son)
(Address) Govans - City.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 4 1936

19. UNDERTAKER Stewart & Mozin Co.
(Address) 108 W Lanvale ave.

20. FILED ... 19... Registrar.

1944

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1935 to Jan 1 1936

I last saw ... alive on Jan 1 1936. Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Aug 1/35
Other contributory causes of importance: Infected Kidney	1923

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 1462 Park

F 19214

9214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 17-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospl St., or Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eddie Walker

(a) Residence: No. 638 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, BUSBAND of (or) WIFE of: Robert Walker

6. DATE OF BIRTH (month, day, year): 9-10-1855

7. AGE: Years 80 | Months 3 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): (?) Va

MOTHER FATHER
13. NAME: ?
14. BIRTHPLACE (city or town) (State or country): ? ?
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): ? ?

17. INFORMANT (Address): Balto City Hospl Records

18. BURIAL, CREMATION, OR REMOVAL
Place: Richmond Va Date: Jan 4th 1936

19. UNDERTAKER (Address): John C. Miller 2433-35 E. Eleventh

20. FILED: 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-24 1931 to 1-3 1936

I last saw h[illegible] alive on 1-2 1936 Death is said to have occurred on the date stated above, at 5[illegible]0 m.

The principal cause of death and related causes of importance were as follows:

a Arteriosclerosis, generalized

Date of onset: ?

Other contributory causes of importance:
Decubitus ulcers, buttocks? 4 days
Bronchopneumonia

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt F Martin M. D.

(Address) Balto City Hospl

H. D. B 1268-9

F 19215

HEALTH DEPARTMENT—CITY OF BALTIMORE

19215

CERTIFICATE OF DEATH

164a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Riggs Ave Ward 16th)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George V. Traband No War Record

(a) Residence: No. 1827 Riggs Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If ~~married~~ divorced, HUSBAND of (~~or WIFE of~~) Ida V. Traband

DATE OF BIRTH (month, day, year) Dec 3rd 188[illegible]

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Postal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt. 6009

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 29

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Traband

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline King

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Pauline Traband
(Address) 1819 Riggs Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 6th 1936

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Poisoning by Illuminating Gas

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Jan 3. 1936

Where did injury occur? Baltimore City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Turning gas burner from stove

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C Hamm Coroner, M. D.

(Address) .....

. D. F 1268-9

19216

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19216

CERTIFICATE OF DEATH

108 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital Ward) 4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F. Calligan No War Record

(a) Residence: No. 1024 N. Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~) Laura Calligan

DATE OF BIRTH (month, day, year) April 9th 1847

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year) 1910

11. Total time (years) spent in this occupation 35

BIRTHPLACE (city or town) (State or country) Yorktown Va

13. NAME John Calligan

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Maggie (McKeown)

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs James H. Brown

(Address) 1024 N. Payson St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 6th 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Mann, M. D.

Coroner

(Address) .....

M. D. B. 1268-9

F 19217

19217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. East Ave Ward 10)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hermine Wackes no Record

(a) Residence: No. 324 S. East Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Robert Wackes

6. DATE OF BIRTH (month, day, year) Aug. 10th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Dec 25 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Edward Gobs

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert Wackes

(Address) 324 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Jan 4th, 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1935 to Jan. 1, 1936

I last saw h[illegible] alive on Dec 31, 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Left Hemiplegia)	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Andrew Slivocka M. D.

(Address) 2574 Eastern Ave

M. D. P. 1265-9

E 19218

HEALTH DEPARTMENT—CITY OF BALTIMORE

19218

CERTIFICATE OF DEATH

131 ✓

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 St. Paul St., 12-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward R. F. Blogg

(a) Residence: No. 2506 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of ——— (or) WIFE of ———

7. DATE OF BIRTH (month, day, year) July 9th 1868

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Book Mfgr

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Rev E. F. S. Blogg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charlotte Thayer

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Miss Minnie Blogg
(Address) 2506 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 4th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ——— 19 ——— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31st 1935 to Jan 2nd 1936

I last saw him alive on Jan 2nd 1936. Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Chronic Nephritis	1932
Other contributory causes of importance: Acute Cardiac dilatation	Dec 31 1935

Name of operation None Date of —

What test confirmed diagnosis P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ——— 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No Relation

If so, specify

(Signed) Wm B Mayo M. D.

(Address) Medical Arts Building

M. D. P. 1268-9

19219 F 19219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3330 Brook Ave 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary T. Jones

(a) Residence: No. 3330 Brook Ave Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, ~~Husband of~~ (or) WIFE of Wm A. Jones

7. DATE OF BIRTH (month, day, year) May 3rd 1887

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George F. Stewart

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mollie Clarke

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Margaret Beatty

(Address) 3336 Brook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date 1/4 19 36

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 19 36

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Jan. 2, 1936

I last saw her alive on Jan. 1, 19 36 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edwin B. Jenby M. D.

(Address) 3522 Greenmount Avenue

M. D. R. 1268-9

9220

HEALTH DEPARTMENT—CITY OF BALTIMORE

9220

CERTIFICATE OF DEATH

93 cV

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Tivoly Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia A. Summers

(a) Residence: No. 2705 Tivoly Ave Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of: David Summers

6. DATE OF BIRTH (month, day, year): Mar 12th 1852

7. AGE: Years 83 | Months 9 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mrs Anna B. Mullen
(Address) 417 Charles Oak Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Date: Jan 6th 1936

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1922 to Jan 2 1936

I last saw her alive on Aug 6 1930 Death is said to have occurred on the date stated above, at 9.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Interstitio	?
Other contributory causes of importance:	
Asthma Sclerosis	?
Hyp Heart Disease	?

Name of operation: Hyp. Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. C. Corbin M. D.

(Address) 111 Hartford Ave

Liberatore F 19221

M. D. B 1268-9

19221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93cv

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Ashland Ave St., 7-12 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Antonietta Liberatore

(a) Residence: No. 2607 Ashland Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of June 15 1870

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days 19	If LESS than 1 day, ... hrs. or ... min.
65	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Capracotta Italy

13. NAME Filippo Di Tella

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Maria Giuseppa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Giovanni Liberatore

(Address) 2607 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Ce. Date Jan. 4 1936

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Motby St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Emil Schaefer, M. D.

Coroner

(Address) 1112 E. Baltimore

M. D. P. 1268-9

19222 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19222

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 W. Lexington St. • St., H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

IF U.S. VETERAN SPECIFY WAR

2. FULL NAME Jennie Ferretti

(a) Residence: No. 526 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of / WIFE of Tony Ferretti

6. DATE OF BIRTH (month, day, year) May 4 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0397

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orange N.J.

13. NAME Giuseppe Poliseno

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Vincenza Petrilli

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Tony Ferretti

(Address) 526 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan. 6 1936

19. UNDERTAKER Frank Wellenbeck

(Address) 52 N. Mosley St.

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1935 to Jan. 1, 1936

I last saw her alive on Jan. 1, 1936 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal Disease	?
Other contributory causes of importance: Cardio-renal failure	?

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. A. Furstman M. D.

(Address) 2340 Eutaw Place

F 19223

19223 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

34 D V

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Johnson

(a) Residence: No. 132 N Mount St., Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Separated

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Classie McBride

DATE OF BIRTH (month, day, year) Nov. 6, 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consolidated Engr. Co

10. Date deceased last worked at this occupation (month and year) 11-2-35

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Bones Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lavinia Arthur

16. BIRTHPLACE (city or town) (State or country) XXX Calvert Co. Md.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem Date Jan 4 1936

19. UNDERTAKER Frances A Hensley (Address) 578 W Biddle St

20. FILED ..... 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1935, to December 31, 1935

I last saw him alive on December 31, 1935 Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary, cardiovascular	Unknown
Cardiac disease, valvular, aortic insufficiency	II

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T.B.H. Anderson M. D.

(Address) U.S. Marine Hospital, Balto.

M. D. B. 1265-3

19224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 19224

168 ✓

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Greenmount Ave) 10 Ward

Length of residence in city or town where death occurred about 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Rowland

(a) Residence: No. 1103 Greenmount Ave 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nora R McDermott

6. DATE OF BIRTH (month, day, year) Sept 11, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. of lunch room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year) 1/1/36

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Rowland

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Kate Gearthey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Nora R. Rowland

(Address) 1103 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan 6 1936

19. UNDERTAKER Elmer W. Tomblin

(Address) 2 E Eager St.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration L both external jugular veins	

Other contributory causes of importance: Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 12/31 1935

Where did injury occur? 1103 Greenmount Ave - Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Home

Manner of injury Cut throat with razor

Nature of injury Laceration L jugular veins

24. Was disease or injury in any way related to occupation of deceased? —. If so, specify

(Signed) Wm. Schaefer M. D.
Coroner

(Address) 919 E. North Ave

M. D. R. 1268-0

19225

HEALTH DEPARTMENT—CITY OF BALTIMORE

19225

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Lake ave - St., 9-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. - mos. - ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E. Cotton

(a) Residence: No. 2109 Lake ave - St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Cotton

6. DATE OF BIRTH (month, day, year) aug 7 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer of Sheet Metal Products

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Virginia

MOTHER FATHER

13. NAME John Cotton

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Laura M. Cotton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Mrs Mary E. Cotton 2109 Lake ave

18. BURIAL, CREMATION, OR REMOVAL. London Park Cemetery Date Jan 6 1936

19. UNDERTAKER (Address) Chas. H. Black Garrison Forest Rd & Liberty Heights ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1932 to Jan 2nd 1936

I last saw him alive on Jan 1st 1936 Death is said to have occurred on the date stated above, at 8 35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	11-1-32
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis Laboratory Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ... 19 ...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury None

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) L. B. Gordy M. D.

(Address) 2116 Hartford Rd

M. D. R. 1268-9

F 19226

19226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1450 Coolesie St. 24-1 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James J. O'Brien Jr.

(a) Residence: No. 1450 Coolesie St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 20, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1		14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

MOTHER FATHER

13. NAME Jas. J. O'Brien

14. BIRTHPLACE (city or town) Balto., Md.
(State or country)

15. MAIDEN NAME Anna guarilla

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Jas. J. O'Brien (Father)
(Address) 1450 Coolesie St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 6, 1936

19. UNDERTAKER Margaret Filynn
(Address) 1422 Lyndenst

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1935 to Jan 3, 1936

I last saw him alive on Jan. 3, 1936 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-31-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. E. Sollod M. D.

(Address) 707 E. Fort Ave.

M. D. B. 1268-9

✓ F 19227

9227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Greenway 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 40 yrs. ... mos. ... ds.

2. FULL NAME Annie Beith Hodge

(a) Residence: No. 3405 Greenway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh Lenox Hodge

DATE OF BIRTH (month, day, year) April 28, 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	8	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Gilbert Beith

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Annie Fleming

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Son (Gilbert B. Hodge)

(Address) 3405 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 4 1936

19. UNDERTAKER Henry W. Rukenbrod Son

(Address) 1420 Eutaw Pl.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1935 to Jan 1 1936

I last saw her alive on Jan 1 1936. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

(Contributory)

Date of onset? Dec 26

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harry B Gamble M. D.

(Address) Lexington 4466

M. D. B. 1268-9

✓ F 19228

19228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 E Lexington St. 5-2 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa Dudley

(a) Residence: No. 1104 E Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Thomas Dudley

6. DATE OF BIRTH (month, day, year) Dec 4 — 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37 dd 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md

FATHER

13. NAME Jarvis Dudley

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Rosanne Eastman

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Thomas Dudley
(Address) 1104 E Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date Jan 5 . 1936

19. UNDERTAKER Lottie Gaskins
(Address) 1408 Aisquith Ave

20. FILED ... . 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 . 1934 to Jan 1 . 1936

I last saw her alive on Dec 31 . 1935 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Chronic Myocarditis

Date of onset: Sept 1 1934

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) George L. Adler M. D.

(Address) 507 Aisquith St

F 19229

19229

HEALTH DEPARTMENT—CITY OF BALTIMORE

149-B-111-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Margaret Keen

(a) Residence: No. 918 N. Patterson Pk. Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced (or) WIFE of Hayden Keen

7. DATE OF BIRTH (month, day, year) Aug 28 1913

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (City or town) (State or country) Woodlawn Baltimore Co maryland

13. NAME Charles E Le Doyen

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Florence E Ritter

16. BIRTHPLACE (city or town) (State or country) Dickeyville md

17. INFORMANT Mr Charles E Le Doyen
(Address) 1202 Brantwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Jan 6, 1936

19. UNDERTAKER John F Downey
(Address) 715 Light St

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1935, to Jan 2, 1936

I last saw h-er alive on Jan 2, 1936 Death is said to have occurred on the date stated above, at 2¼ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	
Other contributory causes of importance:	
	now

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Ruth Zuckerstein M. D.

(Address) Sinai Hospital

✓ F 19230

19230 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8-W Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Evans.

(a) Residence: No. 1723 N. Callington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

DATE OF BIRTH (month, day, year) 11/27/72

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	7	6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motion Picture Op.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

13. NAME William Evans Sr.

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME Eliz. Ball.

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan. 6, 1936

19. UNDERTAKER George W. Zibler
(Address) 1757 E. Eager St

20. FILED - 1936 JCPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1935 to 1/3, 1936.

I last saw him alive on 1/3, 1936 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Two
Hypertension	2

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, state .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

✓ F 19231

19231 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Sterling Lee Mabley

(a) Residence: No. 122 Pennsylvania Ave Westminster Md. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Oct 28, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
17	16	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Robert Mabley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Daisy Wright

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Md. Date Jan 7. 1936

19. UNDERTAKER J. Bansard Dorsey
(Address) Westminster Md.

20. FILED ..... 19.. Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-31 1936 to 1-4 1936

I last saw him alive on 1-4 1936. Death is said to have occurred on the date stated above, at 12:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	

Other contributory causes of importance:
Uraemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John W Dorsey M. D.

Address Maryland Gen. Hosp

M. D. B. 1268-9

F 19232

19232 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W. Lexington St., 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret A Schalmers

(a) Residence: No. 1404 W. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): April 1858

8. AGE: Years: 77 | Months: 9 | Days: 2 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME OF FATHER: George Woodrab

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Dorothy Gruever

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary E Forstal

(Address) 1400 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Hill Date: Jan 4 19 26

19. UNDERTAKER: F V Lechner

(Address) 2301 Edmondson

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 3, 26

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1925 to Jan 3, 26

I last saw her alive on Jan 2, 26. Death is said to have occurred on the date stated above, at 9.45 A m.

The principal cause of death and related causes of importance are as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edwin B Appold M. D.

(Address) 1115 St Paul St., City

M. D. B. 1265-9

19233

HEALTH DEPARTMENT—CITY OF BALTIMORE

19233

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 S. Robinson St., 1-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Charles Bable

(a) Residence: No. 131 S. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gertrude

6. DATE OF BIRTH (month, day, year) May 26 58

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired barber 1004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lena Wells

(Address) 131 S. Robinson

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Jan 6 1936

19. UNDERTAKER John Ulrich & Sons

(Address) 220 E. Fayette

20. FILED JAN 4 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Probably coronary embolism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D. Coroner

(Address) 1010 S. Ellwood Ave.

AaCo. 5-31 250B

F 19234

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19234

94-A

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3207 Ravenwood St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E Andrews

(a) Residence: No. 3207 Ravenwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: J Howard Andrews

6. DATE OF BIRTH (month, day, year): Aug 5 1872

7. AGE: Years: 63 64 | Months: 4 | Days: 29 28 | If LESS than 1 day, hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

13. NAME OF FATHER: William H German

14. BIRTHPLACE (city or town) (State or country): Balto

15. MAIDEN NAME OF MOTHER: Elizabeth Mullen

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Mr. J Howard Andrews

(Address) 3207 Ravenwood ave

18. BURIAL, CREMATION, OR REMOVAL: Balto Cem Date: Jan 6-36

19. UNDERTAKER: Jos J Stein & Son

(Address) 3001 Eutaw ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1935 to January 3, 1936

I last saw her alive on January 2, 1936 death is said to have occurred on the date stated above at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

Uremia Seizures — Date of onset: 14 days 4 hrs

Other contributory causes of importance:

Coronary Artery Thrombosis — 7 days

Name of operation: Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Cassenbury M. D.

(Address) 4025 Hamilton Blvd

M. D. B 1265-9

F 19235

F 19235 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital 186-a

CITY OF BALTIMORE: (No. 36-3 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Oswald Fleischer

(a) Residence: No. 3016 Kenyon Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mary Fleischer

6. DATE OF BIRTH (month, day, year) June 30-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fre State Brewery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Fleischer

(Address) 3016 Kenyon Ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore Jan 4-36 19

19. UNDERTAKER Wm J Stevenson

(Address) 3300 Pennsylvania Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Hemorrhage fractured Skull	Dec 30-35

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12-30 1935

Where did injury occur? Fre State Brewery (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell and struck head

Nature of injury Laceration & Internal Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify while Inspecting room Cap.

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 939 Edmondson Ave

Spec. 7-17-26 A Co. 200 Bks.

19236

F 19236

94-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 5013 Norwood ave St. 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Spear Brownley Veteran Spanish and World Wars

(a) RESIDENCE NO. 5013 Norwood ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Alice Fenhagen

6 DATE OF BIRTH (month, day, and year) June 18 - 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	65	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier .009

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C. C. & Ltd Co

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER John Brownley

11 BIRTHPLACE OF FATHER (City or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Eliz Auld

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant C D Fenhagen Jr

(Address) 805 Poplar Grove

15 Filed _____, 19____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1936, to Jan 2, 1936, that I last saw him alive on Jan 2, 1936, and that death occurred, on the date stated above, at 1 30 P M

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ____ mos. ____ ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) A. C. Smith, M. D.

Jan 4, 1936 (Address) 4504 Liberty Hgts Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem — Date of Burial 1-4 19

20 UNDERTAKER John O. Mitchell & Son — ADDRESS 1900 Eutaw

P.T.O.

F 19237

19237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 14-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William J. Messick

(a) Residence: No. 1700 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Jane Messick

6. DATE OF BIRTH (month, day, year): June 16 1869

7. AGE: Years 66 | Months 6 | Days 18 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 1054
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Laurel Del

FATHER
13. NAME: Samuel C. Messick
14. BIRTHPLACE (city or town) (State or country): Delaware

MOTHER
15. MAIDEN NAME: Sarah V.
16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT: Amelia J. Messick
(Address): 1700 Linden ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Georgetown Del Date: Jany 5 1936

19. UNDERTAKER: John O Hitchcock Sons
(Address): 1910 Eutaw Place

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/10/36 to 1-3 1936
last saw him alive on 1/3 1936 Death is said to have occurred on the date stated above, at 9 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - lobar left lower lobe	12/27/35
Cellulitis - right thigh	12/27/35
Other contributory causes of importance: Diabetes mellitus	12 years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) R Eaton Tuttle M. D.

(Address) University Hospital

M. D. B. 1268-9

✓ F 19238

19238 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 260 Ridgely St. Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Reuben Johnson

(a) Residence: No. 260 Ridgely St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Johnson

7. DATE OF BIRTH (month, day, year) February 12 1874

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Baraby Johnson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Rose

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rev C Johnson
(Address) 260 Ridgely St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn 11 4

19. UNDERTAKER Jos A Surely
(Address) 661 W Baltimore

20. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from ___, 1935, to Dec. 30, 1935.

I last saw h___ alive on Dec. 30, 1935. Death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) acute dilatation of heart	10/27/35
(b) (Exposure)	12/30/35
(c)	12/30/35

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Linden Shelton M. D.

(Address) 1 E. Lexington St

P 19239

19239 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 176

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 12 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George A. Hooper

(a) Residence: No. 3031 Abell Ave St., ... Ward. Richmond Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Eliza J. Hooper

6. DATE OF BIRTH (month, day, year) May 9, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none prd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME George Hooper

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Eliza J. Rogers

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Daughter

(Address) 3031 Abell Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Fairmount Date 1/4 19 36

19. UNDERTAKER W. M. Cook Co

(Address) 1211 E. Oliver St

20. FILED 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to Jan 4, 1936.

I last saw him alive on Jan. 4, 1936. Death is said to have occurred on the date stated above, at 12:40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystelithiasis	1931
Other contributory causes of importance: Hypostatic Pneumonia Bilateral	Jan 3, 1936.

Was an operation performed? Yes Date of Dec 30, 1935.

For what disease or injury? Cystelithiasis

Name of operation Cystolithotomy Date of Dec 30, 1935

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Moulton, M. D.

(Address) Univ. Hospital

19240 E 19240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3048 W. North Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Montana L. Mack

If U. S. Veteran specify WAR

(a) Residence: No. 3048 W. North Ave. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elbon W. Mack

DATE OF BIRTH (month, day, year) Aug. 14, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	20	19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kutztown Pa

13. NAME Wm. G. Hilbert

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Amelia Leese

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. H. Florence F. Sparks

(Address) 3048 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Bethlehem Pa Date Jan. 6 1936

19. UNDERTAKER Wm. H. Ickes Sons

(Address) North & Paca ves.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1936 to Jan. 3, 1936

I last saw her alive on Jan 3, 1936 Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac asthenia & Arteriosclerosis	1935
Other contributory causes of importance: Duodenal Ulcer	1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. V. Hawkins M. D.

(Address) 6 Chase St.

F 19241

19241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH Md. General Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22 ward 10

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Elza L. ~~Schaeffer~~ (Schaefer

(a) Residence: No. 961 Beaumont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin

6. DATE OF BIRTH (month, day, year) Feb 11 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~68~~ 66	67	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Md

MOTHER FATHER

13. NAME Wm A. Wolf

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Schultz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary C. Gorsuch

(Address) 112 Forrest Drive Eaton.

18. BURIAL, CREMATION, OR REMOVAL

Place Mills Mem. Cem. Date Jan 6 1936

19. UNDERTAKER Wm J. Tickner & Son

(Address) Nat'l Co.

20. FILED 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-36

22. I HEREBY CERTIFY, That I attended deceased from 12/7 1935 to 1/3 1936

I last saw her alive on 1/3 1936 Death is said to have occurred on the date stated above, at 7 00 A m.

The principal cause of death and related causes of importance were as follows:

Papillo-cystoma of Rt. ovary & extensive metastasis to other abdominal organs — Date of onset .....

Other contributory causes of importance:

Was an operation performed? yes Date of 12/11/35

For what disease or injury? Exploratory Laparotomy

Name of operation Date of 12/11/35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Ramsey M. D.

(Address) Maryland Gen Hosp

F 19242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19242

105

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Joseph Keedy

(a) Residence: No. Relay, Md St., ...Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ....

7. DATE OF BIRTH (month, day, year) Jan 16, 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Relay, Md.

13. NAME Lester Keedy

14. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

MOTHER'S MAIDEN

15. MAIDEN NAME Letha Swain

16. BIRTHPLACE (city or town) (State or country) Berkeley Springs W. Va

17. INFORMANT Parents

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Duckwall, W. Va. Date Jan 5th 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to Jan 3 1936

I last saw him alive on Jan 3 1936. Death is said to have occurred on the date stated above, at 3 50 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria Laryngeal and tracheal	12-31-35
Streptococcus Laryngitis	12-31-35

Other contributory causes of importance:

Was an operation performed? .... Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? Laryngoscopy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Francis D'Schwentker M. D.

(Address) Sydenham Hospital

F 19243

19243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward) University Hospital 4-2

Registered No. [illegible]
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 1 da. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] da.

2. FULL NAME Paul Minkosky
If U. S. Veteran specify WAR [illegible]

(a) Residence: No. Severna Park R.A.Co. Ward. [illegible]
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lorina Minkosky

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE — Years: 48 | Months: — | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year): [illegible]
11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: not known
14. BIRTHPLACE (city or town) (State or country): —

MOTHER
15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT (Address): Lorina Minkosky Severna Park.

18. BURIAL, CREMATION, OR REMOVAL
Place: Russian Cem. Date: Jan. 5 1936

19. UNDERTAKER (Address): John Greblinckas 4623 S. Paca St.

20. FILED [illegible] 19[illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to Jan 2, 1936
last saw him alive on Jan 2, 1936. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Emphysema	
Congestive Heart Failure	about 2 yrs

Other contributory causes of importance:

Was an operation performed? no Date of [illegible]
For what disease or injury? —
Name of operation — Date of [illegible]
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury [illegible] 19[illegible]
Where did injury occur? [illegible]
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place [illegible]
Manner of injury [illegible]
Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify [illegible]

(Signed) Charles S. Sonkland M. D.
(Address) University Hospital, City.

M. D. B. 1268-9

✓ F 19214

9214 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

47-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4909 Palmer Ave. St. 27-17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcus Copeland

(a) Residence: No. 4909 Palmer Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose B. Copeland

7. DATE OF BIRTH (month, day, year) Sept. 15, 1869

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Airway Cleaners

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Copeland

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. John R. Moore
(Address) 4909 Palmer Ave.

18. BURIAL, CREMATION, REMOVAL
Place Balto. Hebrew Cem. Date Jan. 5, 1936

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED Jan 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935, to Jan 2, 1936

I last saw h[illegible] alive on Dec 28, 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Medastinal Tumor	Autumn

Other contributory causes of importance:
Chronic Bronchitis
Chronic Emphysema
Myocarditis

Name of operation Exam + Xray Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo [illegible] M. D.

(Address) Medical Arts Bldg

M. D. H. 1268-9

9245 F 19245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-D-92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grant Benson

(a) Residence: No. 825 N. Dallas St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/9/1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N/O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) E. Forsa Ga

FATHER

13. NAME Daniel Benson

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Sallie Cotton

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Laura Elder

(Address) 814 Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 4 19 6

19. UNDERTAKER Elder-Bowers

(Address) 1611 Orleans St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Acute Respiratory Failure (probably Lobar Pneumonia)	

Other contributory causes of importance: Acute Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Schaefer M. D.

Coroner

(Address) 1312 E. Fayette Ave

19246 F 19246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred ..... yrs. 7 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Hudson.

(a) Residence: No. 521 N. Fulton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 3, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James Hudson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Delgora Boston

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT James Hudson father
(Address) 521 N. Fulton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Jan. 4, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

20. FILED JAN 4 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1935 to Dec. 31, 1935

I last saw h[illegible] alive on Dec. 31, 1935. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Miliary tuberculosis
Tuberculous meningitis.

Date of onset
Dec 25
Dec 28
Dec 31

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Slicer Jr. M. D.

(Address) Lyndenham Hospital

M. D. B 1268-9

✓ F 19247

19247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital St. 3-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Shahan

(a) Residence: No. 211 S. Eden St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) February 3 1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Joseph Shahan

14. BIRTHPLACE (city or town) — (State or country) Russia

MOTHER

15. MAIDEN NAME Adele Zaruba

16. BIRTHPLACE (city or town) — (State or country) Russia

17. INFORMANT Adele Shahan
(Address) 211 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Russian Cem Date Jan 4 1936

19. UNDERTAKER Wendell & Hanak
(Address) 1415 E. Baltimore St.

20. FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day (stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Schreiber M. D.
Coroner

(Address) 1918 E. North Ave.

F 19248

9248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

14-4

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Wilhelm St., 14-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida E. Gayleard

(a) Residence: No. 1814 Wilhelm St., ... Ward.

(Usual place of abode) (If non-resident give City or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph C. Gayleard

7. DATE OF BIRTH (month, day, year): June 9, 1855

8. AGE: Years: 80 | Months: 5 6 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore County

13. NAME of Father: ? Lee

14. BIRTHPLACE (city or town) (State or country): Baltimore County

15. MAIDEN NAME of Mother: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Joseph C. Gayleard, 226 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL: Place: Loudon Park Date: Jan 3rd 1936

19. UNDERTAKER (Address): Frederick A. Pole, 1210 W. Lombard St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/1/36 19

22. I HEREBY CERTIFY, That I attended deceased from 12/31/35 to 1/1/36 19 ..... Death is said to have occurred on 1/1/36 at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	12/30/35
Arterio Sclerosis	1/1/36
Senility	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. Lund Dorsey M. D.

(Address) 1127 Bond St. Balto. Md.

M. D. F. 1768-9

F 19249

19249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 W Fairmount St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Stricklin

(a) Residence: No. 837 W Fairmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If married, widowed, or divorced, BUSBAND of (or) WIFE of: John Stricklin

6. DATE OF BIRTH (month, day, year): March 15, 1870

7. AGE: Years 65; Months 9; Days 16; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salisbury, Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Annie Jones

15. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Julia Marshall

(Address): 655 Haw St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Jan 6, 1936

19. UNDERTAKER: Mrs Katie R. Williams

(Address): 322 N Schroeder St.

20. FILED: 1936, 19, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1935 to Jan 1 1936

I last saw her alive on Jan 1 1936 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: Dec 16 1935

Other contributory causes of importance:

Name of operation: None Date of: None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, state fully

(Signed) M. D.

(Address)

M. D. B 1268-9

F 19250

HEALTH DEPARTMENT—CITY OF BALTIMORE

9250

CERTIFICATE OF DEATH

✓ 34-23

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2 S. Frederick St. St., 4 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dennis Midget

(a) Residence: No. 2 S Frederick St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Cassie Midget

6. DATE OF BIRTH (month, day, year) March 8, 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Henry Midget

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Glory Bannight

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Lewis Baynerm

(Address) 201 Mad St Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md. Date Jan 4 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 Race St.

26. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lungs (Tertiary) Tuberculosis (Pulmonary)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Orrin B Wallace M. D.

Coroner

(Address) 1031 St. Paul St.

F 19251

9251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Iggie Canter Brown

If U. S. Veteran specify WAR

(a) Residence: No. 354 N. Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William Canter

6. DATE OF BIRTH (month, day, year): 3-4-'80

7. AGE: Years 55 | Months 9 | Days 30 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

MOTHER FATHER

13. NAME: John Robinson

14. BIRTHPLACE (city or town) (State or country): ? Va

15. MAIDEN NAME: Nellie Barnett

16. BIRTHPLACE (city or town) (State or country): ? Va

17. INFORMANT: Balto City Hospt

(Address) Records Co. Co.

18. BURIAL, CREMATION, or REMOVAL: Place Baltimore Cem. Date Jan 6 1936

19. UNDERTAKER: Mrs. Geo H. Holland

(Address) 1631 Druid Hill Ave

20. FILED (1) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-24 1935 to 1-3 1936

I last saw h alive on 1-3 1936. Death is said to have occurred on the date stated above, at 8 55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B. (Tuberculosis ???)	(?)
Other contributory causes of importance: Pulmonary Hemorrhage	1-3-36

Was an operation performed? no

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt. F. Mautin M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

19252

F 19252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18-3 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 South Arlington Ave St., 18 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 11 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florine E. Hayes

(a) Residence: No. 41 South Arlington Ave, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 6th 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md,

FATHER

13. NAME Walter Hayes

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Gretchen Taylor

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs Gretchen Hayes
(Address) 41 South Arlington Ave,

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Lookout Date Jan. 11 19 36

19. UNDERTAKER Harry F. Kuhl
(Address) 1101 Edmondson Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Jan. 3rd 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Dec. 1st 35

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation History Date of .....

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave,

M. D. B 1268-9

19253 F 19253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. E 309 South Augusta St. W. 20-8 Ward)

Registered No. 194-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna G. Heiner

If U. S. Veteran specify WAR

(a) Residence: No. 309 S. Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis P. Heiner

6. DATE OF BIRTH (month, day, year) June 1st 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Frederick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Getrude Meyd

16. BIRTHPLACE (city or town) (State or country) Baltimore Md,

17. INFORMANT Mr. Leo P. Heiner
(Address) 4201 Potter Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 1/6/ 1936

19. UNDERTAKER John J. Cooney & Son
(Address) 190 Fallsway St.

20. FILED 19 Registrar

RFF

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2nd 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden.

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos H. Phillips M. D.
(Address) 1939 Edmondson Ave.,

M. D. P. 1568-9

F 19254

19254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 S Collins Ave. St., 70-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James P. Carroll

(a) Residence: No. 325 S Collins Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A. Carroll

6. DATE OF BIRTH (month, day, year) Nov 20. 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary A Carroll

(Address) 325 S. Collins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/6/ 1936

19. UNDERTAKER John J Cowan & Son.

(Address) 1901 E Fallis St.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/ 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to Jan. 3, 1936

I last saw him alive on Jan. 3, 1936. Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Gastritis	1 Yr.

Other contributory causes of importance:

None.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Norton, M. D.

(Address) 888 N. Eutaw St.

19255 F 19255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Pennsylvania Ave. St., 14-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grant Brightfield

(a) Residence: No. New Windsor, Carroll County St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER'S NAME

13. NAME Hopper Brightfield

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Helen Brightfield
(Address) New Windsor

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Jan 7 1936

19. UNDERTAKER D. D. Baile & Son
(Address) New Windsor Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1935 to 1-4 1936

I last saw him alive on 1-4 1936 Death is said to have occurred on the date stated above, at 4 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertrophied Prostate (Benign)	
Chronic Nephritis	
Uremic Coma	
Contributory Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Suprapubic Operation Date of 12-15

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D Stone M. D.

(Address) Provident Hospital

F 19256

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19256

CERTIFICATE OF DEATH

115-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Pennsylvania Ave (St.) 47-L (Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mamie White (Kearney)

(a) Residence: No. 1126 Pennsylvania Ave (St.) ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Kearney

7. DATE OF BIRTH (month, day, year) February 10, 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Windsor Va.

13. NAME Eddie H. White

14. BIRTHPLACE (city or town) (State or country) Isle of White County Va.

15. MAIDEN NAME Mattie Butler

16. BIRTHPLACE (city or town) (State or country) Isle of White County Va.

17. INFORMANT Eddie H. White

(Address) Isle of White County Va.

18. BURIAL, CREMATION, OR REMOVAL Place Smithfield Va. Date Jan. 4, 1936

19. UNDERTAKER Robert E. Young

(Address) 804 N. Carolina St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1935 to 1-3, 1936

I last saw h[illegible] alive on 1-3, 1936. Death is said to have occurred on the date stated above, at 5.05 P m.

The principal cause of death and related causes of importance were as follows:

Septic Sore throat — Date of onset .....

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-3-36

For what disease or injury? Abscessed Tonsils

Name of operation Abscess Tonsils Date of 1-2-36

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Atwell Jones M. D.

(Address) 1126 Pennsylvania Ave

F 19257

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19257

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No.
CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Shear

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): widowed
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Late Louis
DATE OF BIRTH (month, day, year): 1864
AGE: Years 72; Months 1; Days —; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Russia
13. NAME
14. BIRTHPLACE (city or town) (State or country): Russia
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country): Russia
17. INFORMANT (Address): EDMUND FEINBLATT SUPERINTENDENT
18. BURIAL, CREMATION, or REMOVAL: Hebrew Rosedale Jan 5 36
19. UNDERTAKER (Address): Sol Levinson & Bro 1122 Balto st
20. FILED: JAN 6 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-4, 1936
22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1934, to 1-4, 1936
I last saw her alive on 1-4, 1936 Death is said to have occurred on the date stated above, at 9.15 Hm.

The principal cause of death and related causes of importance were as follows: — Date of onset

Hypertension
Arteriosclerosis
Chr. Myocarditis
Chr. Nephritis.

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis: Clinical Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury:
Nature of injury:
24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W Edmund Levin, M. D.
(Address) Levindale

F 19258

F 19258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Callow ave St., 13-2 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Cohen

(a) Residence: No. 2011 Callow ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Israel

7. DATE OF BIRTH (month, day, year) 1865

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Benjamin Bloom

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esther —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT James Cohen

(Address) 210 V Presbury st

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Herm Rem Date Jan 6 1936

19. UNDERTAKER Sol Lippman & Bro

(Address) 1127 E Baltimore st

FILED JAN 6 1936 Registrar. PSK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1934, to 1/4, 1936.

I last saw her alive on 1/4, 1936. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1/4/36
Other contributory causes of importance: Arteriosclerosis	1934

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) 2345 Eutaw Pl

F 19259

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19259

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2445 Callow ave) (Ward 13-1)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Liebling

(a) Residence: No. 2445 Callow ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanch

7. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ladies Hats

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Keeper

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME David Liebling

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Pool

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Blanch Liebling

(Address) 2445 Callow ave

18. BURIAL, CREMATION, OR REMOVAL Beth Shalom Date Jan 5 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 127 E Baltimore St

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1934 to Jan. 1, 1936

I last saw him alive on Jan. 1, 1936 Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	5 yrs
Asthmatic Bronchitis	1 yr.

Other contributnry causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Morrison M. D.

(Address) 1013 N. Charles St.

F 19260

Bryant

F 19260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Linden Ave. St., 14-1 Ward)

Length of residence in city or town where death occurred 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Etta Jane Bryant.

(a) Residence: No. 1704 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Wm Fe

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Caleb L. Bryant

6b. DATE OF BIRTH (month, day, year): May 1, 1865

7. AGE: Years 70 | Months 7 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dunnings. Va

13. NAME: Frances J. Lusby

14. BIRTHPLACE (city or town) (State or country): Dunnings Va

15. MAIDEN NAME: Susan Brown

16. BIRTHPLACE (city or town) (State or country): Rawlings Va

17. INFORMANT (Address): Mrs. Vennie Brook 1704 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Place: Farahan Va Date: Jan 6th, 1936

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

Filed: JAN 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1935 to Jan 4, 1936

I last saw her alive on Jan 4, 1936 Death is said to have occurred on the date stated above, at 3.45 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral arterio sclerosis with frequent cerebral hemorrhage — Date of onset: July 1934

Other contributory causes of importance: Bronchio-Pneumonia. — Date of onset: Jan 1936

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Willard Stewart M. D.

(Address) 1708 E. 20th St.

F 19261

M. D. F. 19261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No. ____

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2933 Guilford Ave Ward 7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Champness If U. S. Veteran ____

(a) Residence: No. 2933 Guilford Ave St. ____ Ward. ____ Specify War Rebellion
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, HUSBAND of Carrie N. Champness

6. DATE OF BIRTH (month, day, year) Feb 1st 1875

7. AGE: Years 60 | Months 11 | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
10. Date deceased last worked at this occupation (month and year) 1920
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas H. Champness

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Swald

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carrie N. Champness
(Address) 2933 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL. Date Jan 6th 1936
Place Druid Ridge

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Jan 3 1936
I last saw him alive on Jan 2 1936 Death is said to have occurred on the date stated above, at 12:35 a.m.

The principal cause of death and related causes of importance were as follows:

Paralysis Agitans — Date of onset

Other contributory causes of importance:

Pulmonary Edema

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____

(Signed) Chas J Blake, M. D.

(Address) 20 E Preston

F 19262

19262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH 32 W 25th St Balto City 12-6
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 32 W 25th St St. 12-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary C Webster

(a) Residence: No. 32 W 25th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Thomas H Webster

6. DATE OF BIRTH (month, day, year): Nov 22 1861

7. AGE — Years: 74 | Months: 1 | Days: 12 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: 50 years

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Tucker
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Elizabeth McKenney
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Thomas H Webster
(Address) 32 W 25th St

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Cem Date Jan 6 1936

19. UNDERTAKER: W M Brook
(Address) 1217 E Baltimore St

20. FILED JAN 7 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15th 1935 to Jan 4th 1936

I last saw h W alive on Jan 4th 1936. Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cerebral Hemorrhage	Not Known 11-2035
Other contributory causes of importance: Chronic Nephritis.	2

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo W E Cross M. D.

(Address) 218 W 25th St

M. D. F. 1269-9

F 19263

F 1926 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 St. Clair Lane 8-2 Ward)

Length of residence in city or town where death occurred Left yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

War Record ?

2. FULL NAME Edward T. Cassidy

(a) Residence: No. 2131 St. Clair Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed or divorced~~ HUSBAND of (~~Wife~~) Virginia S. Cassidy

6. DATE OF BIRTH (month, day, year) May 28th 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John T. Cassidy

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Lauterbach

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Virginia S. Cassidy
(Address) 1110 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 6th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Jan 6th 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1934 to Jan 3 1936

I last saw h~~e~~r alive on Jan 2 1936 Death is said to have occurred on the date stated above, at 12 ~~M~~ 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
+ Uraemia	

Other contributory causes of importance:

Hypertension + Interstitial Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Bunnick M. D.

(Address) 4702 Harford Rd

1/4/36

M. D. H. 1265-9

F 19264 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 19264

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 S Grundy St. No 4 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Joseph Heinz

(a) Residence: No. 431 S Grundy St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice Heinz

6. DATE OF BIRTH (month, day, year): June 12 1883

7. AGE: Years 52 53 | Months 10 4 | Days 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City 0040

10. Date deceased last worked at this occupation (month and year): Nov 1935

11. Total time (years) spent in this occupation: 17

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME (Christian) Heinz

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Eva Anthony

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Elsie Heinz

(Address) 431 S Grundy

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date Jan 7th 1936

19. UNDERTAKER: Wm Cook

(Address) 1210 Edmondson Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1935 to Jan 3rd 1936

I last saw h[illegible] alive on Jan 3rd 1935. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Uremia Cause Cardiac

Date of Onset 11/1/35

Other contributory causes of importance:

Chronic Int Nep. Uremic Convulsions 1/2/36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Dr. Knight L. Dudley M. D.

(Address) 3326 Baltimore

M. D. B 1[illegible]-9 F 19265

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19265

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Lawrence St. 16-1 Ward)

Length of residence in city or town where death occurred 30 yrs. , mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Hawkins

(a) Residence: No. 215 Lawrence St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. Hawkins

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

FATHER

13. NAME Perry Carter.

14. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

MOTHER

15. MAIDEN NAME Mary Jane Carter

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Samuel W. Hawkins (Address) 215 Lawrence St.

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Date 1/7 19 36

19. UNDERTAKER Wm. A. Jackson (Address) 916 Lemmon

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Harn Coroner . M. D.

(Address)

F 19266

F 19266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√15 V

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital St. 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lacy Taylor

(a) Residence: No. 915 N. Arlington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora

6. DATE OF BIRTH (month, day, year) 3-10-1905

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	30	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawmill. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Elic Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Amanda King

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pamila Wharf, Northumberland County Va
Date 1-15 19 36

19. UNDERTAKER Wm. A. Jackson
(Address) 916 E Pleasant ave

20. FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-26 1935 to 1-1 1936

I last saw him alive on 12-1 1935 Death is said to have occurred on the date stated above, at 12:04 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Neck	12-25-35
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12-26-35

For what disease or injury? Cellulitis of Neck.

Name of operation Incision & Drainage Date of 12-26-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

M. D. R. 1268-9

F 19267

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19267

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 W. Lanvale St., 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S. If of foreign birth 75 yrs. — mos. — ds.

2. FULL NAME John Leonard Wahlin

(a) Residence: No. 1902 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Josephine C. Wahlin

6. DATE OF BIRTH (month, day, year) Aug 9 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker + carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet Places

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 0014

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Cicelia M. Germann Daughter

(Address) 1902 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Jan 6 . 1936

19. UNDERTAKER Chas. E. Grant

(Address) 1112 W. Pratt Ave

20. FILED Jan 6 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 . 1935 to Jan 3 . 1936

I last saw h[illegible] alive on 1/3/36 . 19 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease or Glandular Sarcoma	1933

Other contributory causes of importance:

Abdominal

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X . 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X

Manner of injury X X

Nature of injury X X

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) [illegible] M. D.

(Address) 1315 Cherry

F 19268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19268

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3724 Towanda Ave 5-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 45 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. Sekowker

(a) Residence: No. 3724 Towanda Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) Jan-1-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Mordici

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Sekowker - Son

(Address) 3724 Towanda Ave

18. BURIAL, CREMATION, OR REMOVAL Herbert Rondale Date 1/5/36 19

19. UNDERTAKER Jay Lewis Inc

(Address) 1439 E. Balto St

20. FILED ..... 19 ..... Resident

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 . 1935, to Jan 3 . 1936

I last saw h[illegible] alive on Jan 3/36 19 . Death is said to have occurred on the date stated above, at 4 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	June 35
Other contributory causes of importance: Bronchopneumonia	1/1/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chester B Irish M. D.

(Address) 2904 Reisterstown Rd

F 19269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 19269

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3225 Powhatan St., 15th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth 32 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Phillip Salzman
(a) Residence: No. 3225 Powhatan Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (Write the word): Widowed
6a. If married, widowed, or divorced, BUSBAND of (or) WIFE of: Rachael
6. DATE OF BIRTH (month, day, year): Aug.-17-1877
7. AGE: Years 58 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired cap maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Simon Salzman
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: not known
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs. H. B. Schwartz
(Address): 3225 Powhatan Ave

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Friendship Date 1/6/36
19. UNDERTAKER: Jack Levin Inc
(Address): 1439 E. Baltimore St

20. FILED: Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-4-36
22. I HEREBY CERTIFY, That I attended deceased from 1931 to Jan 4 1936
I last saw him alive on Jan 4 1936 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Heart Disease — Date of onset

Other contributory causes of importance:

Was an operation performed? — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Hanson M. D.
(Address) 3224 Keyser Place

19270 ✓ Kopplemann F 19270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 15-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N. Bentalou St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Kramer

(a) Residence: No. 1718 N. Bentalou St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elles

6. DATE OF BIRTH (month, day, year): [illegible] 1876

7. AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60?

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER'S MAIDEN NAME

13. NAME: Hirsch

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Rebecca

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Herrgy Burg Date 1/5/36 19

19. UNDERTAKER: Jos. Levy Inc.

(Address) 1434 E. Baltimore St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from July . 1935 to January 3 . 1936

I last saw her alive on July 31 1935 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	

Other contributory causes of importance:

Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1076 N. Bentalou St

W. P. A. 1935

F 19271

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19271

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No. 21999

CITY OF BALTIMORE: (No.) Belvedere & Greenspring Ave. (If death occurred in a hospital or institution, give its NAME, instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia Jacobs

(a) Residence: No. Levindale St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Jacobs

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of father not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME of mother not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT SIGMUND FEINBLATT SUPERINTENDENT

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 1/5/36

19. UNDERTAKER Jos. Levi Inc. (Address) 1437 E. Balto St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-22 1935 to 1-4 1936

I last saw h[illegible] alive on 1-4 1936 Death is said to have occurred on the date stated above, at 8 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chr. card. vascular disease	
Chr. myo cardius	

Other contributory causes of importance:

Chr Bronchitis

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Edmund Levin M. D.

(Address) Levindale

Facterwitz

19272 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

936

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 Asquith St., 5-1 Ward)

Registered No. 19272

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Facterwitz

If U. S. Veteran specify WAR

(a) Residence: No. 136 Asquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Meyer

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 71; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: not Known

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: not Known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sam Walter

(Address): 136 Asquith St

18. BURIAL, CREMATION, OR REMOVAL: Holem Mt Carmel Date 1/5/36 19

19. UNDERTAKER: Jewish 1439 E. Baltimore St.

(Address)

20. FILED 1-5-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/36 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1935 to Jan 4 1936

I last saw h[illegible] alive on Jan 4 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day

Other contributory causes of importance:

Arteriosclerosis	10 yrs
Myocarditis	10 yrs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Baylis M. D.

(Address) 2040 Eutaw

F 19273 ✓ F 19273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. 5-13

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1606 Park Heights Terr. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S. If of foreign birth 73 yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Isaac Spector
(a) Residence: No. 1606 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa
6. DATE OF BIRTH (month, day, year)
7. AGE: Years 62 | Months | Days | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Russia
13. NAME: Daniel Swartz
14. BIRTHPLACE (city or town) (State or country): Russia
15. MAIDEN NAME: Sarah
16. BIRTHPLACE (city or town) (State or country): Russia
17. INFORMANT: Joseph Spector
(Address) 1606 Park Heights Ter
18. BURIAL, CREMATION, OR REMOVAL
Place: Rosedale Date: 1-5-36
19. UNDERTAKER: Jack Levine Co.
(Address) 1439 E. Fairmount Ave
20. FILED 19 Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-4-, 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept-, 1928, to Jan-4-, 1936
I last saw her alive on Jan-4-, 1936. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	11/15/31
Other contributory causes of importance: Pernicious Anemia	9/15/28

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Lab. X-rays Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Herman Seidel M. D.
(Address) 2404 Eutaw Pl

19274

HEALTH DEPARTMENT—CITY OF BALTIMORE

19274

CERTIFICATE OF DEATH

95-B

Registered No. 15-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp St., 15 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Sarah Rosenthal

(a) Residence: No. 3442 Fleyworth Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bernard

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00 7

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Ridge Date 1/5/36 19

19. UNDERTAKER Jos S. Levy & Son
(Address) 1439 E. Baltimore St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/2, 1936, to 1/4, 1936

I last saw h alive on 1/4 1936 Death is said to have occurred on the date stated above, at 2:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular disease with Acute decompensation	1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how.

(Signed) D. Alessi M. D.

(Address) Great Bolto Yard Bosp.

F 19275 ✓ F 19275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 HENNEMAN AVE St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME JOHN UHLIK

If U. S. Veteran specify WAR .....

(a) Residence: No. 1815 HENNEMAN AVE St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of SOPHIE UHLIK

6. DATE OF BIRTH (month, day, year) JULY 12 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED TAILOR

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) (State or country) BOHEMIA

FATHER

13. NAME JOHN UHLIK

14. BIRTHPLACE (city or town) (State or country) BOHEMIA

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) BOHEMIA

17. INFORMANT PETER PETERSON

(Address) 1815 HENNEMAN AVE

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 6 1936

19. UNDERTAKER John C. Miller

(Address) 2433-35 E. Oliver St

20. FILED JAN 7 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1935 to Jan 2 1936

I last saw him alive on Jan 2 1936 Death is said to have occurred on the date stated above, at 12 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Arteriosclerosis	

Other contributory causes of importance:

acute Cardiac Dilatation 1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Ord Wallace M. D.

(Address) .....

Spec 19276 — 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19276

93-C

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 11 N. Glover St. (ST.) 6-2 (WARD)

2-FULL NAME Minerva R. Gregory

(a) RESIDENCE No. 11 N Glover St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alranda Gregory

6 DATE OF BIRTH (month, day, and year): Jan 28 1845

7 AGE — Years: 90 — Months: 11 — Days: 7 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Laborer~~ None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant: Eugene Gregory

(Address): 11 N Glover St

15 Filed Jan 5 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 5 1936

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1935, to Jan. 4 1936

that I last saw h[illegible] alive on Jan. 3 1936

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope ante mortem

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Infirmities of Age

(duration) yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) H. Robert Reich M. D.

1. 5. 1936 (Address) 2502 Eastern Ave E

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Albany N Y

DATE OF BURIAL: Jan 5 1936

20 UNDERTAKER: John C. Miller

ADDRESS: 435 E. Ma[illegible] St

F 19277

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19277

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Grayson St. St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Alice Long

If U. S Veteran specify WAR .....

(a) Residence: No. 3011 Grayson St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND (or) WIFE of Charles E. Long

6. DATE OF BIRTH (month, day, year) Jan. 18, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Slagle

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Neck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles E. Long

(Address) 3011 Grayson St.

18. BURIAL, CREMATION, OR REMOVAL St. Joseph's Cemetery Jan. 6, 35.

Place Emmittsburg, Md. Date 19

19. UNDERTAKER Henry H Meitzke

(Address) 4101 Edmondson Ave.

20. FILED [illegible] 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 . 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 . 1935 to Jan 1 . 1936

I last saw h-er alive on Jan 16 . 1936 Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Apr 35
Other contributory causes of importance: Brain Metastasis	Nov. 35

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry F Laraman M. D.

(Address) 1-53 W. Fayette

F 19278

30806 F 19278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157 D

Registered No.

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Marecki

(a) Residence: No. 3043 Elliott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-11-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Julius Marecki

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Josephine Sherman

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Jan 6 1936

19. UNDERTAKER Fred W Orazewski
(Address) 1900 Eastern Ave

20. FILED JAN 6 1936 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1935 to JAN 3 1936

I last saw him alive on JAN 3 1936 Death is said to have occurred on the date stated above, at 10¹⁰ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diaphragmatic Hernia	birth

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Louise Snyder M. D.

(Address) Johns Hopkins Hospital

F 19279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19279

157 II

Registered No. 13-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Colvison

(a) Residence: No. 818 W. 36th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 12/1/35

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Wilbert Colvison.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eleanor Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wilbert Colvison.

(Address) 818 W 36th St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn. Date Jan 6, 1936

19. UNDERTAKER Edmondson Ave Funeral Home

(Address) 3615-17 Edmondson Ave

20. FILED JAN 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/1936

22. I HEREBY CERTIFY, That I attended deceased from 12/31/1935 to 1/4/1936

I last saw h. him alive on 1/4/1936 Death is said to have occurred on the date stated above, at 12 35 P. m.

The principal cause of death and related causes of importance were as follows:

(1) ? Intestinal Obstruction due to congenital bands

(2) ? Atelectasis

Date of onset 12/1/35

Other contributory causes of importance:

Mongolian ? Idiocy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. B. Smith M. D.

(Address) Balto. City Hosp.

F 19280 ✓ F 19280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH Maryland General Hospital. Registered No. 9-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mose E. Miller

(a) Residence: No. 1619 Homestead St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie E. Miller

6. DATE OF BIRTH (month, day, year) Feb. 1 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	53	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Intermittent Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park Circle Garage

10. Date deceased last worked at this occupation (month and year) Jan 4/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ephrata Lancaster Co. Pa.

13. NAME Lewis E. Miller

14. BIRTHPLACE (city or town) (State or country) Ephrata Lancaster Co. Pa.

15. MAIDEN NAME Sarah Sledge

16. BIRTHPLACE (city or town) (State or country) Ephrata Pa.

17. INFORMANT Hattie E. Miller

(Address) 1619 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL Evergreen Cem. York Pa. Date Jan 7, 1936

19. UNDERTAKER Evergreen Cem.

(Address) 3615 Eastern Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Attorney or Inquiry, thereon and from the evidence obtained by said Inquest, Attorney or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 3 Rnn

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann, Coroner M. D.

(Address) 12 E 15 Hanover St.

Hartleb

M. D. F 19281 ✓ F 19281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dead on arrival at Union Protestant General Hospital.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Fagan St., 16-4 Ward) Registered No. 164

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick J. Hartleb If U. S. Veteran specify WAR

(a) Residence: No. 604 Fagan St., Ward. 604 N Fagan St

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emelie F. Hartleb

6. DATE OF BIRTH (month, day, year): Jan 11 1868

7. AGE: Years 67; Months 4; Days 23; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Piano Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Piano

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Bernhardt Hartleb

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Emelie F. Hartleb

(Address) 2229 W. Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan 6 1936

19. UNDERTAKER: Mrs. Anna Mary J. Geipel & Son

(Address) 2012 Fayette St.

20. FILED Jan 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to death on the day stated above. found dead at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis Illumination	2 Yrs.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Jan 3 1936

Where did injury occur? Baltimore City. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury turned gas on kitchen stove

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Hann Coroner, M. D.

(Address)

F 19282

F 19282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 145 S. Durham St., 2nd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul Votta

(a) Residence: No. 145 S. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Dec 5 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spioner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: infant

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Lorio Votta

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Almeta Fullbauer

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Lorio Votta

(Address) 145 S. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Jan 6th 1936

19. UNDERTAKER: Lilly & Gial Inc.

(Address) 428 S. Wolfe St.

20. FILED Jan 6 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	

Other contributory causes of importance: Premature birth

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

F 19283 ✓ F 19283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6012 Eastern Ave St., 26 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John F Weiss

(a) Residence: No. 6012 Eastern Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Feb. 17, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lord Balto Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Grmany

MOTHER FATHER

13. NAME John Weiss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Kunigunda Haffner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs John Erikson (Sister)
(Address) 6012 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 7. 1936

19. UNDERTAKER Lilly & Zeiler
(Address) 402 S. Arlington Ave

20. FILED Jan 7 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27 1935 to Jan 2 1936

I last saw h[illegible] alive on Jan 2 1936 Death is said to have occurred on the date stated above, at 7 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Myocarditis	3 mos
Other contributory causes of importance: Acute Dilatation of Heart	12 hrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible] M. D.

(Address) 6012 Eastern Ave

19284 ✓ F 19284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 E. Fayette St., 6-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary M. Bruder

(a) Residence: No. 819 E Fayette St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank A. Bruder

6. DATE OF BIRTH (month, day, year) May 22-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: 0037

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME of Father: Fredrick Wagner

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of Mother: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Elizabeth Bruder (Address) 1819 E Fayette

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date Jan 7 1930

19. UNDERTAKER: Lilly & Pentz (Address) 402 E Fayette

20. FILED ... By ... Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 30

22. I HEREBY CERTIFY, That I attended deceased from Dec ..., 1929, to Jan 3, 1930.

I last saw h[illegible] alive on Jan 3, 1930. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	Jan, 30

Other contributory causes of importance: Cardiac Arrhythmia entire Duration, Myocarditis Senility | Dec 29

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Alma B Lemmon, M. D.

(Address) 718 W Fallsway

19285 F 19285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-1-82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Walker.

If U. S. Veteran specify WAR .....

(a) Residence: No. 218 Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married.
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: James
6b. DATE OF BIRTH (month, day, year): 5/21/1900
7. AGE: Years 35 | Months 7 | Days 9 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework - Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year): 1898 -
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Balto.
13. NAME: S. Henson
14. BIRTHPLACE (city or town) (State or country): Baltimore
15. MAIDEN NAME: S Henson
16. BIRTHPLACE (city or town) (State or country): Baltimore
17. INFORMANT: Patient.
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place: Johnson Cem Date: 1/5/36 19
19. UNDERTAKER: [illegible]
(Address) 539 Hamburg St.
20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/20 1935
22. I HEREBY CERTIFY, That I attended deceased from 1/4 1935, to 12/30 1935
I last saw her alive on 12/20 1935 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cerebral Hemorrhage	3 wks
Bronchopneumonia	2-3 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp.

M. D. F. 1268-9

Hattie L. Blish ✓ F 19286

F 19286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5202 Chester St. (Hospital, Asylum, etc.) 27-12 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie L. Blish

(a) Residence: No. 5202 Chester St., ... Ward. New York

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm L. Blish

6. DATE OF BIRTH (month, day, year): Sept 15 1867

7. AGE: Years: 76 | Months: 3 | Days: 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 12/4/44

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Frank Hulse

14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER

15. MAIDEN NAME: Mary Lawrence

16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT: Mrs. Thompson

(Address) 5602 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cemetery N.Y.C. Date: 1/5 1945

19. UNDERTAKER: William Cook

(Address) 217 St Paul St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5 1945

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1944 to Jan 5 1945

I last saw h... alive on Jan 4 1945. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12/25/44

Other contributory causes of importance: Bronchial Pneumonia — 1/4/45

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury X

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. C. Dodson M. D.

(Address) 4707 Fairmount Ave

19287 ✓ F 19287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1313 Feldon Ave St. 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Susanna Evans
(a) Residence: No. 1313 Feldon Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eugene E. Evans
6. DATE OF BIRTH (month, day, year): April 25-1861
7. AGE: Years 74 | Months 8 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER
13. NAME: Jacob Price
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Catherine Smith
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Kendelly E. Evans 1313 Feldon Ave
18. BURIAL, CREMATION, OR REMOVAL: Place Sassupe Balto. Co. Date Jan. 6- 1936
19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road
20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1935 to Jan 3 1936
I last saw h[illegible] alive on Jan 3 1936 Death is said to have occurred on the date stated above, at 6 - P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan 1
Other contributory causes of importance:	
Arteriosclerosis	10 yrs
Chron. Int. Nephritis	

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) Vernon J. Keeley M. D.
(Address) 601 Somerset Bldg.

F 19288 ✓ F 19288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No.) Hospital for The Women of Maryland St., 27 Ward) 4

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ellen G. Houser

(a) Residence: No. 4637 Schenley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of / WIFE of: Harry N. Houser

6. DATE OF BIRTH (month, day, year): Dec. 16 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prince George Co. Maryland

FATHER

13. NAME: Hammett

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Eliza Townsend

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Miss Vida V. Houser 4637 Schenley Road

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Jan. 7 - 36

19. UNDERTAKER (Address): Horace F. Burge 3631 Falls Road

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 . 1935. to Jan. 3 . 1936.

I last saw her alive on Jan 3. . 1936 Death is said to have occurred on the date stated above, at 12:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage - multiple	July 1935
Broncho-pneumonia	1-1-36

Other contributory causes of importance:

Arterio-Sclerosis - generalized	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Henry M. Hansen M. D.

(Address) Mercy Hospital.

F 19289

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19289

CERTIFICATE OF DEATH

73

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 509 So. Caroline St. 3rd Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie Green

(a) Residence: No. 509 So. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: colored
5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Raymond Green

7. DATE OF BIRTH (month, day, year): Aug 28, 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 0037

12. BIRTHPLACE (city or town) (State or country): Va
13. NAME: Isaac Tate
14. BIRTHPLACE (city or town) (State or country): Va
15. MAIDEN NAME: Emily Tate
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Emily Tate (Address) 509 So Caroline

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Calvary Cem. Date Jan 6th 1936

19. UNDERTAKER: Mrs Robert A. Elliott-Douglas (Address) 1129 Cardinal St

20. FILED Jan 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1935 to Jan 3, 1936

I last saw h[illegible] alive on Dec. 30, 1935 Death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis — Date of onset

Other contributory causes of importance:

Intermittent

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Edward Fisher M. D.

(Address) 1612 E Monument

M. D. B. 1268-9

F 19290

19290 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-15

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Preston Apts' St., 11 E Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha S. Hanna

(a) Residence: No. Preston Apts' St., Ward. Sulgrave Court Preston St.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John B Hanna

7. DATE OF BIRTH (month, day, year) Feby 1- 1863

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanford Co Md

13. NAME Susan Standiford

14. BIRTHPLACE (city or town) (State or country) Hanford Co Md

15. MAIDEN NAME Ellen W Evans

16. BIRTHPLACE (city or town) (State or country) Hanford Co Md

17. INFORMANT Fenney Hanna

(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Cemetery Date Jany 5. 1936

19. UNDERTAKER Regan & Foster

(Address) Bel Air Md

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1- 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 11- 13 . 1935 . to 1- 3 . 1936

I last saw her alive on 1- 3 . 1936 . Death is said to have occurred on the date stated above, at 10-45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis -	
Coronary Thrombosis -	Dec 31 -

Other contributory causes of importance:

Paralysis agitans -

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry D McCarty . M. D.

(Address) 67 W. Preston St

F 19291

F 19291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

26-8

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3739 Gough st St.) (Ward) 66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Peter Bauernfiend

If U. S. Veteran specify WAR

(a) Residence No. 3739 Gough st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Katherine Bauernfiend

6. DATE OF BIRTH (month, day, year) Nov 18 th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	1	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Keeper 1035

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Christopher Bauernfiend

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sevena Berl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Bauernfiend 3739 Gough st
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Jan 7th 1936

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 rd 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Jan 3 1936

I last saw h— alive on Jan 3 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Gradual

Other contributory causes of importance:

Chronic Myocarditis	Gradual

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Horace B. Tilton M. D.

(Address) 314 S. Highland Ave

F 19292

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19292

CERTIFICATE OF DEATH

✓ 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gustav Herman (Luckhardt)

If U. S. Veteran specify WAR none

(a) Residence: No. 3306 Lyndale Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline.

6. DATE OF BIRTH (month, day, year): 1862

7. AGE: Years 73; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchmaker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 1929

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

13. NAME: Dont Know

14. BIRTHPLACE (city or town) (State or country): Germany

FATHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): Records Bur H.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Jan 7 1936

19. UNDERTAKER (Address): John Ellerick 200 E Fillmore

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/30 1935 to 1/4 1936

I last saw her alive on 1/4 1936 Death is said to have occurred on the date stated above, at 7:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

19293 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19293

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 Ravenwood St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR no record

2. FULL NAME William H Roessler

(a) Residence No. 3209 Ravenwood St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Roessler

6. DATE OF BIRTH (month, day, year) Mar 12 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sexton (Church)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Herman Roessler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Prince

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Dusch

(Address) 513 N Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Jan 6 1936

19. UNDERTAKER John Ulrich

(Address) 2008 Aliceanna

20. FILED Jan 7 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1934 to 1/3 1936.

I last saw h alive on 1/3 1936. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate gland — Date of onset 2

Other contributory causes of importance: Myocarditis & Arteriosclerosis

Was an operation performed? N O Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N O If so, specify .....

(Signed) Henry D Armstrong M. D.

(Address) 1623 E Baltimore

F 19294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Grindall St. 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H. Forrester

(a) Residence: No. 414 Grindall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella H. Forrester

7. DATE OF BIRTH (month, day, year) June 29, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William H. Forrester

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Julia Armstrong

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Grace L. Taylor
(Address) 3245 S.St., N.W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan. 6, 1936

19. UNDERTAKER John F. Denny
(Address) 1 S Light St. Balto

20. FILED 6 1936, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935 to Jan 3, 1936

I last saw him alive on Jan 3, 1936 Death is said to have occurred on the date stated above, at 10.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Senile	
Other contributory causes of importance: Exhaustion	Jan 3/36

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

1/5/36 (Signed) R. K. Campbell M. D.

(Address) 1644 Hanover St

19295 FRUEHSORGER [redacted] 19295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital. Registered No. 1407

CITY OF BALTIMORE: (No. Whitelock & Calvert Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Marie Fruehsorger

(a) Residence: No. 27 Link Ave. Hamilton Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Fruehsorger.

7. DATE OF BIRTH (month, day, year) Sept 24-1897

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Belgium.

13. NAME ? Lorkes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Frank Fruehsorger (Address) 27 Link ave. Arbutus

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Jan. 9, 1936

19. UNDERTAKER Frederick A. Cole (Address) 1400 E. Lombard St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1935, to 1/6, 1936.

I last saw her alive on 1/5/36, 1936. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperemesis gravidarum (toxic)	11/1/35
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1/6/36

For what disease or injury? Post-mortem Cesarean section

Name of operation Date of 1/6/36

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Carl G Merkel, M. D.

(Address) St Agnes Hosp

M. D. D 1268-9

F 19296

19296 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Women's Hospital

CITY OF BALTIMORE: (No. 26-8 St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 5 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Emma Josephine Voytman

(a) Residence: No. 101 Collins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick R Voytman

DATE OF BIRTH (month, day, year) June 23 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William F. Reid

14. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

15. MAIDEN NAME Catherine Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frederick R Voytman

(Address) 101 Collins Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Jan 7, 1936

19. UNDERTAKER A. Howard Evans

(Address) 1400-22 Charles St

20. FILED 19 Registrar

JAN 9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and (from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis,	
Other contributory causes of importance: Arteriosclerosis.	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, M. D.
Coroner

(Address)

M. D. B. 1268-9,

F 19297

F 19297 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew W. Smart

(a) Residence: No. 1500 N. Washington Av. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 26 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

FATHER

13. NAME Isaac J. Smart

14. BIRTHPLACE (city or town) Phila. (State or country) Pa.

MOTHER

15. MAIDEN NAME Jemima Richmond

16. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

17. INFORMANT Mrs. Emma E. Starkey

(Address) 1500 N. Washington Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date 1-6-30 19

19. UNDERTAKER Randall C. Humphreys

(Address) 401 N. Broadway

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to ... death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schlenker Coroner M. D.

(Address) 1912 E. North Ave.

M. D. R. 1265-9

F 19298

19298 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Oakenshaw Place St., 12-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Osna Knox Gardner.

(a) Residence: No. 3408 Oakenshaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: mak

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of ~~WIFE~~ Lillian M. Gardner.

6. DATE OF BIRTH (month, day, year): Jan 19 - 1871

7. AGE: Years 65; Months 11; Days 14/15; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocery 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cary Machine Supply Co.

10. Date deceased last worked at this occupation (month and year): Dec 1935

11. Total time (years) spent in this occupation: 40 +

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: George Gardner

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Annie Knox

16. BIRTHPLACE (city or town) (State or country): Charleston S.C.

17. INFORMANT: Mrs. E. A Rossmann.
(Address) 3408 Oakenshaw Place.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 6 . 1936

19. UNDERTAKER: John B. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from October 25 . 1933 to Jan 3 . 1936

I last saw him alive on Jan 3 . 1936 Death is said to have occurred on the date stated above, at 8.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt. bundle branch block	Oct 25 1933
Other contributory causes of importance: Myocardial failure	Jan 1936

Name of operation None Date of

What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Wilbur Stewart . M. D.

(Address) 1738 E. 28th St

M. D. B. 1268-9

9299

HEALTH DEPARTMENT—CITY OF BALTIMORE E 19299

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Clifton Av St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Griffith

(a) Residence: No. 3500 Clifton Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oscah H. Griffith

6. DATE OF BIRTH (month, day, year) June 10, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George Carroll

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Vane

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Edna G. Pumphrey

(Address) Passadena, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Jan. 7, 1936

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Janvary 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1935, to January 4, 1936

I last saw her alive on December 27, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Heart Block	1932
Coronary Sclerosis	1935
Secondary Contracted Kidneys	1935
Terminal Uremia	1936

Other contributory causes of importance:

Bronchiectasis -	1934
Cystitis -	1935
Cholecystitis -	1935

Name of operation None Date of 0

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Courtney Edel M. D.

(Address) 3403 Garrison Blvd

M. D. B 1268-9

F 19300

F 19300 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. Ward)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Krauer

If U. S. Veteran specify WAR

(a) Residence: No. 219 S. Green St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 12, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Awnings, Tiring

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Peter Krauer

14. BIRTHPLACE (city or town) (State or country) Prussia

15. MAIDEN NAME Mary Krauer

16. BIRTHPLACE (city or town) (State or country) Prussia

17. INFORMANT Mount Hope Retreat
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Date 1/30 19

19. UNDERTAKER Theo. A. Koontz
(Address) 1000 Eutaw Pl.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to death on the day stated above. 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Pyper M. D.
Coroner

(Address) 345 Fremont

19301 F 19301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., No 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Reath.

(a) Residence: No. 3708 Gough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Ruth

7. DATE OF BIRTH (month, day, year) 10/31/1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Francis

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Georgetta

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Son.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Jan 6 1936

19. UNDERTAKER Jno C. Miller & Son

(Address) 2357 Jefferson St.

20. FILED Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/31 1935 to 1/3 1936

I last saw him alive on 1/3 1936 Death is said to have occurred on the date stated above, at 6.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration of Interval between Onset and Death
Bronchopneumonia	8 days.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert G Reath M. D.

(Address) Balto City Hosp

A&Co. 5-31 2508

F 19302 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19302

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH Franklin Sqr Hosp. Registered No. 6347

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Issac Hyman

(a) Residence: No. 1721 W. Appleton St St., C Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1932
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peddler Dry Goods
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Selig Hyman
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Mollie ?
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Hebrew Herzig Cem Date 1/6/36 19
19. UNDERTAKER Levy Bros. Inc.
(Address) 1439 E. Baltimore St.
20. FILED , 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1935, 1936 to Jan 5, 1936
I last saw him alive on Jan 5, 1935, death is said to have occurred on the date stated above, at 9 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid with complete obstruction	
Chronic bronchitis + Emphysema	
Arterio sclerotic cardiovascular disease	

Other contributory causes of importance:
General debility.

Name of operation. Colostomy + Exploratory Laparotomy Date of 1/4/36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. L. Battaglia, M. D.
(Address) Franklin Sq. Hospital

F 19303

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19303

CERTIFICATE OF DEATH

93-C

Registered No. 27-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., (Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Solomon Rones

(a) Residence: No. 4539 Pimlico Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Esther

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 63 — Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocer

10. Date deceased last worked at this occupation (month, year): 15 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME OF FATHER: Louis Rones

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME OF MOTHER: Johanna

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Waelder Rel. Date 1-6-36 19

19. UNDERTAKER: Jack Levy Inc
(Address) 1439 E Baltimore St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to Jan 6, 1936

I last saw him alive on Jan 6, 1936 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Heart Failure

Arteriosclerosis, 10 years

Confirmed by Autopsy & Dilatation, Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Joseph B. Gross, M. D.

(Address) Sinai Hospital

19304 F 19304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital 6-H St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Simon Foy

(a) Residence: No. 1824 E. Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Leng Foy

7. DATE OF BIRTH (month, day, year) 1858

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant-Ret.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Second Hand Store
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 00 45

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME not known
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Hebrew Herzog Grove Date 1/6/36, 19
19. UNDERTAKER Jack Levin
(Address) 1439 E. Baltimore St.
20. FILED 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/36, 19

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1935 to 1/5/36, 19
I last saw him alive on 1/5/36 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration (old cardiac episode)	

Other contributory causes of importance:

Was an operation performed? — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leopold Abramson M. D.
(Address) Sinai Hosp. Balto Md.

M. D. B. 1268-9

F 19305

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19305

CERTIFICATE OF DEATH

178-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hos (Street) 13-6 (Ward)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Eugene Edelman

(a) Residence: No. 3542 Hickory Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydia M. Edelman

7. DATE OF BIRTH (month, day, year) Feb. 3 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm Edelman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Lydia M. Edelman

(Address) 4028 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date Jan 6 1936

19. UNDERTAKER Wm Hickey Sons

(Address) Hotel d'Aiglon

20. FILED Jan 6 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Jan 3 1936 Death is said to have occurred on the date stated above, at 1.05 a m.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas poisoning

Date of onset 1/3/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury Jan 2 1936

Where did injury occur? 3542 Hickory Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

M. D. B. 1268-9

F 19306

F 19306 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No.) Baltimore, Md 43-7 (Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Jane Linthicum

(a) Residence: No. Home for Incurables Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 5, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Maryland

MOTHER FATHER

13. NAME Stephen Lee Linthicum

14. BIRTHPLACE (city or town) (State or country) West River Maryland

MOTHER

15. MAIDEN NAME Sarah E. Shepherd

16. BIRTHPLACE (city or town) (State or country) West River Maryland

17. INFORMANT Home authorities Records
(Address) Loyola 4 to 5 P.M.

18. BURIAL, CREMATION, OR REMOVAL
Place West River Md (Date) Jan 7 1936

19. UNDERTAKER Wm Richard Sons
(Address) North & Paca Sts.

20. FILED JAN 8 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9th 1932 to Jan 4th 1936

I last saw her alive on Jan 4th 1936 Death is said to have occurred on the date stated above, at 6 55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Anemia	1926
Chronic Myocarditis	1930

Other contributory causes of importance:

Acute Cardiac decompensation	1 week

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wm F. Mayo M. D.

(Address) Medical Arts Bldg

F 19307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19307

82-B

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Sts. Ward) 25-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stella S. Colton

(a) Residence: No. Milford Mill Rd. Rockdale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Colton

6. DATE OF BIRTH (month, day, year): Apr. 9, 1878

7. AGE: Years 57 Months 8 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER FATHER

13. NAME: Wm Swayer

14. BIRTHPLACE (city or town) (State or country): Pa

15. MAIDEN NAME: Mary Rutherford

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mr. Earl D. Colton

(Address): Milford Rd. Rockdale

18. BURIAL, CREMATION, OR REMOVAL: Place: Baltimore Cem. Date: Jan. 6 1936

19. UNDERTAKER: Wm Dietrich Sons

(Address): Howard & Fayette Sts.

20. FILED: 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-4-1936

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1936, to January 4, 1936. I last saw her alive on January 4, 1936. Death is said to have occurred on the date stated above, at 7 25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic intracerebral	1
Cerebral thrombosis	12/31/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas B Marsh M. D.

(Address) St Agnes Hospital

F 19308

19308 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1245 E. Eager St. St., 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Eva Kleinig

If U. S. Veteran specify WAR

(a) Residence: No. 1245 E. Eager St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Adam Kleinig

DATE OF BIRTH (month, day, year) August 3-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Sebastian Schneider

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

15. MAIDEN NAME Anna Stenger.

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT Barbara E. Kleinig (Daughter)
(Address) 1245 E Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Most Holy Redeemer Cem. Date January 8, 1936

19. UNDERTAKER Henry Stough Sons Inc
(Address) 1301 E. Eager St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) January 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1935 to January 5, 1936

I last saw h[illegible] alive on January 4 1936 Death is said to have occurred on the date stated above, at 9 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	31.
Other contributory causes of importance	
Influenza	31

Was an operation performed? No. Date of

For what disease or injury? No

Name of operation None. Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. a Sherwo M. D.

(Address) 2878 Harford Rd

AACo. 5-31 2508

F 19309

1930S HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N Arlington Ave Ward) 16-1

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Carter

(a) Residence: No. 811 N Arlington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced (or) WIFE of Israel Carter

7. DATE OF BIRTH (month, day, year) Jan 26, 1904

8. AGE — Years 31 | Months 11 | Days 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 437

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia S.C.

13. NAME Frank Anderson

14. BIRTHPLACE (city or town) (State or country) Columbia S.C.

15. MAIDEN NAME Effie Williams

16. BIRTHPLACE (city or town) (State or country) Columbia S.C.

17. INFORMANT Israel Carter

(Address) 811 N Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date ... 19

19. UNDERTAKER Williams & Jackson

(Address) 1611 Penna Ave

20. FILED JAN 5 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1935 to Jan 4 1936

I last saw her alive on Jan 3 1936 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio Vascular Renal Disease — Date of onset

Other contributory causes of importance: Pulmonary Edema 1/1/36

Name of operation ... Date of ...

What test confirmed diagnosis? Exy Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

Signed W. F. Roeller M. D.

(Address) 601 Cathedral St

F 19310

H. D. B 1968-9

F 19310 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Peirce st. St., 17-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elsia Boyd

(a) Residence: No. 617 Peirce St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 10, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jos. Pratt

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Coreine Boyd

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Coreine Boyd

(Address) 617 Peirce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Thorncliffe Date 1/6 1936

19. UNDERTAKER Walter Springer

(Address) 139 Hamburg St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. No disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) R. H. C. Adelman M. D.
Coroner

(Address) 2737 N. Howard

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1931 | 131 | F 19311

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1421 Jefferson ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Taylor

(a) RESIDENCE NO. 1421 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Taylor

7 DATE OF BIRTH (month, day, and year) Feb-14-1861

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	17	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) 0070

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Worcester Co., Md.

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. Ida Bailey

(Address) 1421 Jefferson

Filed ——— 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-36

17 I HEREBY CERTIFY, That I attended deceased from 12/22, 1935, to 1-1-, 1936

that I last saw h[illegible] alive on 1-1-, 1936

and that death occurred, on the date stated above, at 9:12 P. m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis with secondary interstitial nephritis.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Bright's disease

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) James R. Blake, M. D.

1/5, 1936 (Address) 924 Druid Hill St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudin Park National Cemetery

DATE OF BURIAL: 1/6, 1936

20 UNDERTAKER: Wm. Chas. G. Bailey

ADDRESS: 1421 Jefferson St

1931 HEALTH DEPARTMENT—CITY OF BALTIMORE 1931

CERTIFICATE OF DEATH

✓131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1726 Lamont Ave St., 9-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice J. Chappel

If U. S. Veteran specify WAR .....

(a) Residence: No. 1726 Lamont Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6. If married, widowed, or divorced HUSBAND (or) WIFE of John W. Chappel

7. DATE OF BIRTH (month, day, year) 1865

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward Harris

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Florence Milburne (daughter)

(Address) 522 Sanford Place

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date 1/7 19 31

19. UNDERTAKER Mrs Thomas S. Bagley

(Address) 1421 Jefferson St

20. FILED JAN 6 - 1931 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1930 to Jan 3 1931

I last saw h sw alive on Jan 2 1931 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ends Cardiitis (Probably Rheumatic origin)	Dec 1930
Other contributory causes of importance: Chronic Arthritis, Nephritis and Arteriosclerosis	about 1923

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) R H Jarvis M. D.

(Address) 1429 E Monument St

F 19313 F 19313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Charles Apt St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth L. Meustkoff

(a) Residence: No. 3323 N Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr Hugo Meustkoff

7. DATE OF BIRTH (month, day, year): Feb 2 1856

8. AGE: Years 79 | Months 11 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Maj Lauchart

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Carl Mitze

(Address) 904 E Lorge Road

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen N J Date 1/7 19 36

19. UNDERTAKER: Guy H Benkert & Co

(Address) Lexington & Calvert Sts

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1935 to Jan 5 1936

I last saw her alive on Jan 4 1936. Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency. Arteriosclerosis, Hypertension	3 yrs 9 yrs.
Other contributory causes of importance: Erysipelas	Jan 20 1936

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter L. Nusbaum M. D.

(Address) 111 E Pratt

M. D. B 1268-9

F 18614

F 19314 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH Franklin Square Hospital St. 110-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John A. Smith

(a) Residence: No. 27 Gorman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elnora Smith

6. DATE OF BIRTH (month, day, year) Jan. 11th-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Preserving Plant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosenna Gardner

16. BIRTHPLACE (city or town) (State or country) Germant

17. INFORMANT Herman Suchsbudl

(Address) 27 Gorman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date January 6 1936

19. UNDERTAKER George J. Lehnert

(Address) 2101 Frederick Ave.

20. FILED ..... 19 .....

Registrar

C # 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3rd 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above. 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Sudden	
Other contributory causes of importance:	

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos H. Phillips M. D.
Coroner

(Address) 1936 Edmondson Ave.

M. D. R. 1365-9

19315

F 19315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 E. Madison St., 10-7 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edward Bedford (World War)

(a) Residence: No. 1214 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6b. DATE OF BIRTH (month, day, year) Exact date Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

13. NAME John H. Bedford

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

15. MAIDEN NAME Mary Ella Hughes

16. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

17. INFORMANT William H. Bedford (Brother)
(Address) 1309 E. Oliver

18. BURIAL, CREMATION, OR REMOVAL
Place North Point Cemetery Jan 6 1936

19. UNDERTAKER Robert L. Jones
(Address) 611 N. Caroline St

20. FILED ....., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 2 - , 1936

22. I HEREBY CERTIFY, That I attended deceased from 12 - 30 - , 1935 to 1 - 2 - , 1936

I last saw h~~im~~ alive on 1 - 1 - , 1935 Death is said to have occurred on the date stated above, at 1,14 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-26-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Mary E. Langin, M. D.

(Address) 611 - N. Caroline

M. D. F 1268-9

F 19316

F 19316 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2517 Hermosa Ave St., 71-3 Ward)

(If death orrurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John MacJ Callum

(a) Residence No. 2517 Hermosa St., Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Reid

6. DATE OF BIRTH (month, day, year) Sept 26 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stonemason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0075

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Alexander MacCallum

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Anna MacCallum

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs MacCallum

(Address) 2517 Hermosa

18. BURIAL, CREMATION, OR REMOVAL

Place Oakmont Date 1/6/36, 19

19. UNDERTAKER Wayne

(Address) 1319 Light St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1935 to Jan 2, 1936

I last saw h— alive on Jan 2 1936 Death is said to have occurred on the date stated above, at 4:25 p. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
Myocarditis & Arterio Sclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —, if so, specify ...

(Signed) Chas Smith, M. D.

(Address) 4706 Harford Rd

19317 F 19317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Madison Ave Ward) 4-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69+ yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Lincoln Barbour

If U. S. Veteran specify WAR .....

(a) Residence: No. 1423 Madison Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

7. DATE OF BIRTH (month, day, year): Sept 19-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	69	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ex School Teacher - Retd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norfolk Va

FATHER

13. NAME: Thomas Barbour

14. BIRTHPLACE (city or town) (State or country): Norfolk Va

MOTHER

15. MAIDEN NAME: Ann Barbour

16. BIRTHPLACE (city or town) (State or country): Norfolk Va

17. INFORMANT: Julia M. Smith

(Address) 1423 Madison ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1-7 1936

19. UNDERTAKER: Francis A. Henley

(Address) 528 N Bridge St

20. FILED JAN 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 3 1936

22. I HEREBY CERTIFY, That I attended deceased from December 28 1935 to January 3 1936

I last saw her alive on January 3 1936 Death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

Uraemia Coma (Jan 3-1936 12.30 hrs) Date of onset

Apoplexy

Other contributory causes of importance: Arteriosclerosis Fall 1932.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Pressman ave St

M. D. F. 1268-D

F 19318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 405 Mount St., 15-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Mary V Tyler

(a) Residence: No. 485 Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 20-1935

7. AGE: Years | Months: 4 | Days: 12 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Joseph Tyler

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Annie Brooks

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Annie Tyler

(Address) 405 Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date 1-6- 1936

19. UNDERTAKER: Francis A Humphreys

(Address) 578 N Middle St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Jan 1, 1936

I last saw h alive on Jan 1, 1936 Death is said to have occurred on the date stated above, at 4 30 p m.

The principal cause of death and related causes of importance were as follows:

Acute Bronchopneumonia

Pneumonia

Date of onset
Dec 29 1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. J Allen M. D.
Coroner

(Address) 550 Augusta St

F 19319 ✓ F 19319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3413 Rogers Ave (Ward) 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene F. Geis

(a) Residence: No. 1933 Penrose Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed or divorced~~ (or) WIFE of: John V. Geis

6. DATE OF BIRTH (month, day, year): Feb 14th 1858

7. AGE — Years: 77 — Months: 10 — Days: 20 — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): Dec 1935

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Kent Island Md.

13. NAME: David Gardner

14. BIRTHPLACE (city or town) (State or country): Kent Island Md

15. MAIDEN NAME: Mary Goodman

16. BIRTHPLACE (city or town) (State or country): Kent Island Md

17. INFORMANT: John V. Geis

(Address): 3413 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan 6th 1936

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from December 21 35 to January 4, 1936

I last saw her alive on January 3, 1936 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Other contributory causes of importance:	
Nephritis	3 mos

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. D. McCleary, M. D.

(Address) 733 N. Payson St

M. F. B. F 19320

F 19320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3509 Claremont St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Farmer

2. FULL NAME Filomena Tosches

If U.S. VETERAN SPECIFY WAR

(a) Residence: No. 3509 Claremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) of Filippo Tosches

6. DATE OF BIRTH (month, day, year) Sept. 22 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Casalvecchio Puglie Italy

FATHER

13. NAME Giuseppe Del Buono

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Giovanna Mazzulli.

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Filippo Tosches (Address) 3509 Claremont St.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Ceme. Date Jan. 7 1936

19. UNDERTAKER Frank Della Rocca (Address) 52 N. Monroe St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to Jan 3 1936

I last saw her alive on Jan 3 1936 Death is said to have occurred on the date stated above, at 8:55 P m.

The principal cause of death and related causes of importance were as follows:

Duration of onset

Chronic Interstial Nephritis 1 Yr

Carcinosclerosis

Other contributory causes of importance:

Uremia Jan 3 1936

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles Edmondson M. D.

(Address) 2746 Alameda

F 19321

19321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 114-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-W St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Zika

(a) Residence: No. Box 558 Route 11 Rosburg St., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 20, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Zika

14. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Mary Troch

16. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

17. INFORMANT Deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 7 1936

19. UNDERTAKER Frank Grech & Son

(Address) 1906 Eastern Ave

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1936 to Jan 4 1936

I last saw him alive on Jan 4 1936 Death is said to have occurred on the date stated above, at 6 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	8-30-35
Metastatic abscess left frontal lobe of brain	1-1-36
Metastatic abscess cervical spinal cord	1-1-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis J Schwentker M. D.

(Address) Sydenham Hospital

M. D. B 1268-9

9322

F 19322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Hayward ave St., 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME Thomas Ambrose Egan

If U. S. Veteran specify WAR

(a) Residence: No. 3307 Hayward ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): May 1, 1888

8. AGE: Years 47 | Months 10 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steam-fitter Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Crown Cork & Seal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country): Cambridge Mass.

13. NAME: Patrick Egan

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Bridget Hennessy

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs James McCarthy

(Address) 7 Maple Grove Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place: Dove Cathedral Date: 1/7/36

19. UNDERTAKER: E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest decedent and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis, — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O'Hara Coroner M. D.

(Address) 1215 Harlem Ave

M. D. B 1268-9

✓ F 19323

19323 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Johns Hopkins Hospital 7-H

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Soul

(a) Residence: No. 1000 N. Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Soul

6b. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Petrau

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Cyclops

17. INFORMANT Michael Soul Jr
(Address) 1000 N Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/9, 1936

19. UNDERTAKER Frank Evans & Son
(Address) 1906 Eastland Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture both tibia & fibula of left leg	1-3-36
Shock	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 1-3, 1936
Where did injury occur? Collington Ave near E Eager (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Hit & Run - Struck by
Nature of injury Auto while crossing Street

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hubert Bayley Coate M. D.
Coroner
(Address) 901 N Charles

F 19324 F 19324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-2 53-E

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 20 yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Walter Koch - Kochanski
(a) Residence: No. 1820 Gough St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	10		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beth. Steel Co. 004 Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Frank Kochanski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Sophie Pilarski
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Leo. Kochanski
(Address) 230 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date ? 1936
Mark H. E. Deppel
19. UNDERTAKER 37 S. Ann St.
(Address)

20. FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-30-35, 19... to 1-5-36, 19... I last saw him alive on 1-5-36, 19... Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of groin	
Widespread Sarcomatosis	
Other contributory causes of importance Myocardial failure	

Was an operation performed? yes Date of 9-10-35
For what disease or injury? — Sarcoma
Name of operation Biopsy Date of 9-10-35
What test confirmed diagnosis? Path. Exam. Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) W. P. Stephens M. D.
(Address) Md. Gen. Hosp.

F 19325 ✓ F 19825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hosp. 70-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister St Peter Channel (Mary McNeown)
(a) Residence: No. Fayette Parkview Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/17/75

7. AGE — Years 60 | Months 7 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
13. NAME Nonie McNeown
14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
15. MAIDEN NAME Sarah O'Boyle
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospt Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem 1/7 36
19. UNDERTAKER Geo A Fuchs
(Address) Eutaw & Fayette
20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1-36, 19 to 1-5-36, 19
I last saw h alive on 1-5-36, 19 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Rheumatic Endocarditis	1925
Cardiac decompensation	6-1935
Other contributory causes of importance: Passive congestion of Lungs	1-5-36

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Simon J Kemp M. D.
(Address) Bon Secours Hosp

M. D. B. 1268-8

Fabrizi ✓ F 19326

19326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave St., 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Fabrizi

(a) Residence: No. 414 South Bkish St. Balto Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Fabrizi

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Jenkins Memorial Hospt.

(Address) 1000 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem 1/8/36

19. UNDERTAKER Geo. A. Starling

(Address) Eastern & Fayette

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 6 — 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/24 1935 to 1/6 1936

I last saw her alive on 1/6 1936 Death is said to have occurred on the date stated above, at 9.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, intermediate	?
Hypertension	?
Old cerebral hemorrhage	1/34
Cerebral hemorrhage	1/5/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G. Markell M. D.

(Address) 5 W. Mt. Royal Ave

✓ F 19327

19327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital 9-2 Ward)

Length of residence in city or town where death occurred ..... yrs. — mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Milton Carl Klos

(a) Residence: No. Box 72 Ruth & Edgmere Ave., St., Sparrows Point Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 8, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	4	28?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Martin Klos

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Tillie Jankowski

16. BIRTHPLACE (city or town) (State or country) Wilmington Del.

17. INFORMANT Mother

(Address) Box 72 Ruth and Edgmere

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date Jan 7, 1936

19. UNDERTAKER John M Welby

(Address) 401 E Chester St

20. FILED JAN 7 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to Jan 5, 1936

I last saw him alive on Jan 5, 1936. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	12-28-35
Interstitial bronchopneumonia	1-1-36
Intracranial hemorrhages	1-3-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis D Schwentker, M. D.

(Address) Sydenham Hospital

M. D. B. 1265-9

9328 F 19328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6408 Brook Ave., Raspeburg St., 27th Ward) 27-5

Baltimore, Md.

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Madeline Pennington

(a) Residence: No. 6408 Brook Ave., Baltimore, Md. St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles O. Pennington

6. DATE OF BIRTH (month, day, year) Feb. 17, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	18	17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Huber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hubert Pennington
(Address) 6409 Brook Ave., Raspeburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan. 8 1936

19. UNDERTAKER Frederick Lassahn's Sons
(Address) 7401 Belair Road

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to Jan. 4, 1936

I last saw her alive on Jan. 2, 1936 Death is said to have occurred on the date stated above, at 9:15A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficienty	Jan.1st 1936
Other contributory causes of importance:	
Arterio-Sclerosis	1900(?)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. L. Wilkinson, M. D.
(Address) 5713 Belair Rd., Balto., Md.

D. B. 1:68-9

F 19329

19329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Louise Klingelhoefer

(a) Residence: No. 2206 Fleet St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Klingelhoefer

DATE OF BIRTH (month, day, year) Feb 14 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Stumpfstner

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Christian Klingelhoefer

(Address) 2206 Fleet St

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthew Cem. Date 1/7 1936

19. UNDERTAKER J. Heugnon & Son

(Address) 32 S. Broadway

FILED 1/10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an ongoing (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ongoing (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? .....

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 20 1935

Where did injury occur? Baltimore Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Mt Airy Md - 2206 Fleet St.

Manner of injury fall to pavement

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) V. A. Wright M. D. Coroner

(Address) 1010 S. Belnont Ave

M. D. F 1268-9

Suffered to be Charles F Crafton.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19230

19330

CERTIFICATE OF DEATH

Grave #1

207-9.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Calvert & Centre Sts. 11-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: about 35 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Jan 6 19 36

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ..... 19 ..... Registrar.

Morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Run over by Penna. R. R. Train

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/13 1935

Where did injury occur? Calvert & Centre Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Run over by Train

Nature of injury Body severed in two

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. B. McClay M. D.

(Address) 1031 St Paul St

M. D. B. 1268-9

F 19231

19331 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH 1710 Etting St.

CITY OF BALTIMORE: (No. Balto. Md. St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....dls. How long in U. S. If of foreign birth? ....yrs. ....mos. ....dls.

2. FULL NAME Baby Boy Banks

(a) Residence: No. 1710 Etting St., Ward. Balto. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-3-36

7. AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or ....min.
—	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Maryland

MOTHER

13. NAME Eugene Wilson Banks.

14. BIRTHPLACE (city or town) Cumberland (State or country) Maryland

FATHER

15. MAIDEN NAME Alice Louise Bell

16. BIRTHPLACE (city or town) Reno (State or country) Virginia

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Med Schol Date Jan 6th, 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 1993 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11:05 P.M. 1/3 1936 to 1 A.M. 1/4 1936

I last saw him alive on 12:30 A.M. 1-4 1936 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	birth (1-3-36)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Frank A. Peyton, M. D.

(Address) Homewood Hospital

F-18932

19932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 16-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Butler

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriett.

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 98 ? | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md.

13. NAME: John

14. BIRTHPLACE (city or town) (State or country): md.

15. MAIDEN NAME: Mary Edwards.

16. BIRTHPLACE (city or town) (State or country): md.

17. INFORMANT: Patient.

(Address) Balto City Hosp 1/31/36

18. BURIAL, CREMATION, OR REMOVAL

Place Female School Date Jan 6 1936

19. UNDERTAKER: Cato L. Wilkerson

(Address) 322 N. Pine St.

20. FILED 1936 1993 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/9 1935 to 1/2 1936

I last saw him alive on 1/2 1936 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Senility	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

Anna T. Kromeke ✓ F 19333

19333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3622 Mondawmin Ave. St., 15-8 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna T. Kromeke

(a) Residence: No. 3622 Mondawmin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2, 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hand Embroidery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York, N. Y.
(State or country)

FATHER

13. NAME Werner Kromeke

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Madeline Thorne

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Miss E. Elizabeth Kromeke
(Address) 3622 Mondawmin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 1/6/36 19

19. UNDERTAKER Kemp & Mears Funeral Home
(Address) 1300 Eutaw St.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4/36 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 3/36 19 to Jan 4/36 19

I last saw her alive on Jan 4/36 19 Death is said to have occurred on the date stated above, at 3 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage & paralysis	Jan 3/36

Other contributory causes of importance:

Arteriosclerosis
Hypertension duration about 5 yrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter S. Tibbitt M. D.

(Address) 2220 Garrison Blvd

F 19834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5501 Elsinore Ave St., 27-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Joe Grant

If U. S. Veteran specify WAR .....

(a) Residence: No. 5501 Elsinore Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write this word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 26 - 1856

7. AGE: Years 79 | Months 3 | Days 8 | If LESS than 1 day, hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME Of Father: Patrick Mc Grane

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME Of Mother: Mary Dunn

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs William Hall

(Address) 5501 Elsinore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: 1/8, 1936

19. UNDERTAKER: Leonard J Rudy

(Address) 5305 Harford Rd

20. FILED ..... 19..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/4/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 '35, 19 to Jan 4 '36, 19

I last saw him alive on Jan 4 '36, 19 Death is said to have occurred on the date stated above, at 2 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-31-35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) K. K. Gordy, M. D.

(Address) 5706 Harford Rd.

M. D. B. 1268-9

F 19335

19335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 So. Exeter St., 3-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonio Franco

(a) Residence: No. 105 So. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Franco

6. DATE OF BIRTH (month, day, year) Jan. 17-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Frasco

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Margaret Franco

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Margaret Franco

(Address) 105 So. Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 7. 1936

19. UNDERTAKER Wendelle & Reese

(Address) 1405 E. Lombard St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1936 to Jan. 4 1936

I last saw him alive on Jan 4 1936 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Broncho Asthma	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Volpintesta M. D.

(Address) 76 Pouch Broadway

✓ F 19336

19336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Collington Ave St., 7-23 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Marion E. Jones

(a) Residence: No. 605 N. Collington Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Frederick Jones

6. DATE OF BIRTH (month, day, year): Nov 29/1902

7. AGE — Years: 32 33 | Months: 8 | Days: 6 5 | If LESS than 1 day, hrs. or min.: .....

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Chas. Wakefield

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Louisa Stein

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Fred Jones
(Address) 605 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Jan 7 1936

19. UNDERTAKER: Philips Herring Sons
(Address) 2616 Eutaw St

20. FILED Jan 7 1936 Permit No. 4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1935, to Jan. 4, 1936

I last saw her alive on Jan. 1, 1936 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:
Acute Cardiac Dilatation — Date of onset Aug. '35.

Other contributory causes of importance:
None

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify None

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St

F 19337

19337 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH St. Agnes Hospital Registered No.
CITY OF BALTIMORE: (No. Wilkens & Caton St., 4th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 63 yrs. 5 mos. 4 ds.
If U. S. Veteran specify WAR NONE

2. FULL NAME Dr. Egbert L. Mortimer Sr.
(a) Residence: No. Homewood Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude W. Mortimer
7. DATE OF BIRTH (month, day, year): Aug-1-1872
7. AGE: Years 63; Months 5; Days 4; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Medicine
10. Date deceased last worked at this occupation (month and year): Dec 1/1935
11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (city or town) (State or country): Bedford Virginia

MOTHER FATHER
13. NAME: James Mortimer
14. BIRTHPLACE (city or town) (State or country): Bedford Va
15. MAIDEN NAME: Caroline Read
16. BIRTHPLACE (city or town) (State or country): Bedford Va

17. INFORMANT: Dr E L Mortimer Jr. (son)
(Address) 2801 Wilkens

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 7/36

19. UNDERTAKER: Stewart Home (W. Stewart)
(Address) 1338 Whitmore

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan-5-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-30 1935 to 1-4 1936
I last saw h[illegible] alive on 1-5 1936. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA COLON (SIGMOID)	2-1-35
PERIPHERAL CIRCULATORY FAILURE	1-3-36

Other contributory causes of importance:

HYPERTENSIVE HEART DISEASE	?
BRONCHIAL ASTHMA	?

Was an operation performed? Yes Date of 11-30-35
For what disease or injury? CARCINOMA COLON
Name of operation CAECOSTOMY - RESECTION OF CARCINOMA Date of 11-30-35 12-31-35
What test confirmed diagnosis? PATH. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If [illegible] specify
(Signed) Robert F. Healy M. D.
(Address) St. Agnes' Hospital

M. D. B 12668

F 19338

3338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rena Keith

(a) Residence: No. Westminster Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME A.J.Addington

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Verlena Hutchington

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Record

(Address) .....

18. BURIAL, CREMATION, REMOVAL
Meadow Branch Westminster Md. Date Jan. 4 1936

19. UNDERTAKER J.H.Bankard Jeon
(Address) Westminster Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an Inquiry Inquest, Autopsy or Inquiry) and that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia R.Arm	

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan. 3-1936

For what disease or injury Lacerated R.Hand

Name of operation Amputation R.A. Date of 4/5/35

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 15 1936

Where did injury occur? Home In Westminster, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Cought Hand In Grinder

Nature of injury Laceration Of R.Hand

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was Grinding Meat

(Signed) C. F. Wheeler M. D. Coroner

(Address) 27 E. Main

19339 F 19339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 14-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Beckie Dodson

(a) Residence: No. 11 N. Stricker st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) 1860 ?

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedarhurst Date Jan 6 1936

19. UNDERTAKER H. Sander Sons Inc
(Address) 1710 Bleecker St

20. FILED ..... 19 ..... Registrar.

1936

R.F.N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29 1934 to Jan. 6 1936

I last saw her alive on Jan. 6 1936 Death is said to have occurred on the date stated above, at 5.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1931

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karlson M. D.
(Address) Baltimore City Hospitals

F 19340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 108 N Chase St. 11-2 Ward)
Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael J Redding
If U. S. Veteran specify WAR .....
(a) Residence: No. 108 N Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Redding

6. DATE OF BIRTH (month, day, year) July 14 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oiler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Keeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER
13. NAME John Redding
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Ann McNamara
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John M Redding
(Address) 108 N Chase

18. BURIAL, CREMATION, OR REMOVAL
Place Mon Cathedral Date 1/8 1936

19. UNDERTAKER Morgan G Fry
(Address) 1422 Light St

20. FILED 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1936 to 1-6 1936
I last saw him alive on 1-5 1936 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:
nephritis chr.
Myocarditis chr.

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) R. L. Franden M. D.
(Address) 1128 W Lanvale St

F 19341

F 19341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-W

Registered No. 14-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 335 S. Calhoun St., (Ward)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Kahl

(a) Residence: No. 335 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Henry Kahl

7. DATE OF BIRTH (month, day, year): July 18, 1863.

8. AGE: Years 72 | Months 5 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER'S MAIDEN NAME

13. NAME: Uhlenberg

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Emma Kahl,
(Address) 335 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Jan. 7, 1936

19. UNDERTAKER: Harry A. Lutzke
(Address) 4101 Edmondson Ave.

20. FILED 1936 Registrar #111

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Jan. 4, 1936

I last saw her alive on Jan 3, 1936. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12-23-35

Hypertension — ?

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mamie B. Schreiber, M. D.

(Address) 3912 Reisterstown Rd.

F 19342

F 19342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

20-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 W. Baltimore St., ... Ward.

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia Bates

(a) Residence: No. 2502 W. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 23, 1868.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER Henry Bates

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert H. Gerbig,
(Address) 3 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Western Jan. 7, 36.
Place Date 19

19. UNDERTAKER Harry A. Nitz
(Address) 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1935 to January 4, 1936

I last saw her alive on January 3, 1936 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral and Aortic Regurgitation	3 yrs
Other contributory causes of importance:	
Cardiac Failure	3 day

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Benj. D. McCleary M. D.

(Address) 1400 N. Payson St.

Spec.—1-30—M. & T.—250 Bks.

F 19343

19343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5115 Francistown Rd ST., 28-E WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma O. Keller

(a) RESIDENCE NO. 5115 Francistown Rd ST., WARD Frederick Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None good

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick, Md.

PARENTS

10 NAME OF FATHER Jacob Keller Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick, Md

12 MAIDEN NAME OF MOTHER Annie Wathens.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md.

14 Informant Clayton Keller

(Address) 5115 Francistown Rd

15 Filed JAN 7 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 6, 1936

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1935 to Jany. 6, 1936.

that I last saw her alive on Jany. 6, 1936,

and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? clinical findings

(Signed) Maurice L. Shamer, M. D.

1/6, 1936 (Address) 3300 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Central Cemetery Frederick Md DATE OF BURIAL 1/8/36

20 UNDERTAKER Harry E. Carty Co. ADDRESS Fredk Md.

F 19344

19344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME J. Harvey Mullins

(a) Residence: No. 19 Maple St St., ... Ward. Richwood W Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susanne

6. DATE OF BIRTH (month, day, year) 4/17/78

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Stonemason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Contr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

MOTHER FATHER

13. NAME Jas Mullins

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Susanne Lambert

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Richwood W Va Date Jan. 9 1936

19. UNDERTAKER Chas. A. Coles & Lombardo
(Address) 1200 W

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Jan 6 1936

I last saw h.... alive on Jan 6 1936 Death is said to have occurred on the date stated above, at 1 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia	1/4/36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

M. D. 269 F 19345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19345

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 231 S Medera St., 1-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kunigunda Birner

(a) Residence: No. 231 S. Medera St., Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John F. Birner

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: 79 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Not Known
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: not Known
16. BIRTHPLACE (city or town) (State or country): not Known

17. INFORMANT: Elizebeth Puestell
(Address) 231 S Medera

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 1/8 19 36

19. UNDERTAKER: John J Duda
(Address) 1201 Hudson St

20. FILED 19 By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1935 to Jan. 5, 1936
I last saw he alive on Jan. 5, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Neuwirth M. D.
(Address) 2574 Eastern Ave.

M. D. B. 1268-9

19346 HEALTH DEPARTMENT—CITY OF BALTIMORE 19346

CERTIFICATE OF DEATH

XV 46-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Jenkins Memorial Hospital 1000 Eaton Avenue St. (Ward) 23-1

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Renzi

(a) Residence: No. St Cecelia's Academy Wash. D. C. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, ~~or divorced~~
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 yrs.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Peter J. Burkard

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary A. Guckert

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Jenking Memorial Hospt.
(Address): 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Jan. 8 1936

19. UNDERTAKER: [illegible]
(Address): 156 N. Eutaw St.

20. FILED [illegible] 1936
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7 1935 to January 6th 1936
I last saw her alive on January 5 1936 Death is said to have occurred on the date stated above at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the esophagus Paget's disease (of bone)	1934? ?

Other contributory causes of importance:
Cachexia

Name of operation: Esophagoscopy Biopsy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Carl E. Merkel, M. D.
(Address) St. Agnes Hosp

19347 F 19347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2100 W. Saratoga St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward E. Allen

(a) Residence: No. 2100 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie C. Davis

6. DATE OF BIRTH (month, day, year) 10/10/56

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1900

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Allen

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Sarah A. Evatt

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs. Lizzie C. Allen
(Address) 2100 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemy. Date 1/ /36 19

19. UNDERTAKER Wm. C. Entwisle & Son Inc.
(Address) 1900 Eutaw Place

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/36 19

22. I HEREBY CERTIFY, That I attended deceased from December 28 19 35 to Jan. 4 19 36

I last saw him alive on Jan. 3 19 36 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Chronic nephritis	2 mo.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. O. McCleary M. D.

(Address) 400 N. Payson St.

F 19348 F 19348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Bedford Place St., 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kate Supplee

(a) Residence: No. 4410 Bedford Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Frank Supplee

7. DATE OF BIRTH (month, day, year) 2/23/52

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework 0051

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James E. Cochrane

14. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

15. MAIDEN NAME Mary Jane Ma Garity

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Judge J. Frank Supplee Jr.

(Address) 4410 Bedford Place

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemy. Date 1/8/36 19

19. UNDERTAKER John C. Mitchell Sons Inc.

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1924 to Jan 6th 1936

I last saw her alive on Jan 6th 1936 Death is said to have occurred on the date stated above, at 3-40P m.

The principal cause of death and related causes of importance were as follows:

arthritis deformans — Date of onset 1900

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wilbur M Peace M. D.

(Address) 1201 N. Paul St.

19349 Y 19349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-1 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR Wrld

2. FULL NAME Enos Wooden
(a) Residence: No. 3234 Belair Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of A. Margaret Wooden

7. DATE OF BIRTH (month, day, year) June 5. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0078

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Samuel G. Wooden
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT A. Margaret Wooden
(Address) 3234 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan. 8 . 1936

19. UNDERTAKER George W. Zibler
(Address) 737 E. Eager St.

20. FILED ... 19 ... Registrar

1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 . 1936 to Jan 5 . 1936
I last saw him alive on Jan 5 . 1936. Death is said to have occurred on the date stated above, at 10th A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Anemia chronic	
2. Chronic myocarditis	
3. Chronic nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of ✓
For what disease or injury? ✓
Name of operation ✓ Date of ✓
What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 19350

F 19350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Frederick Ave (Ward) 20-6

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria T. De Brau

(a) Residence: No. 2903 Frederick Ave Ward. No War Raed
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ ~~IN CHARGE~~ of (or) WIFE of: Augustus De Brau

6. DATE OF BIRTH (month, day, year): Sept 23rd 1854

7. AGE: Years 81 | Months 3 | Days 11 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: ? Schraft

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Elsie Kellam
(Address): 2903 Frederick ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: Jan 7th 1936

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul st

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1935 to January 4 1936

I last saw h alive on January 4 1936 Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis General	Several years
Cardiac - Renal disease of two years	
Broncho Pneumonia Terminal	1/1/36

Other contributory causes of importance:

Cystitis, Colon Bacillus, Chronic	Aug 1935

Name of operation: None Date of

What test confirmed diagnosis? Clinical + Terminal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Eliot W. Johnson, M. D.

(Address) 3432 Frederick ave

M. D. R. 1268-9

F 19351

F 19351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93c

Registered No. 3-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 E. Balto St., Ward)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Thiede Jr No War Record

(a) Residence: No. 1501 E. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~single~~, widowed, or ~~divorced~~, HUSBAND of (~~WIFE of~~) Ella Thiede

6. DATE OF BIRTH (month, day, year) Jan 13th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm F. Thiede Sr.

14. BIRTHPLACE (city or town) (State or country) Williamsburg Germany

MOTHER

15. MAIDEN NAME Mary Eva Pietsch

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Anna G. Startzman
(Address) 1906 Chilara Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 7th 193

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1936 to Jan 5 1936

I last saw h alive on Jan 4 1936 Death is said to have occurred on the date stated above, at 3a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis - Chronic asis — Date of onset 4yr

Other contributory causes of importance:

Pulmonary Oedema

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury . 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Chas T Bloker M. D.

(Address) 20 E Preston

Maioeco

3352 HEALTH DEPARTMENT—CITY OF BALTIMORE 1935 2

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Donato Maioeco

(a) Residence: No. 248 Patapsco Av. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carmel Maioeco

6. DATE OF BIRTH (month, day, year) May 7th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Frank Maioeco

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Angela Maioeco

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mercy Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Jan 9 1936

19. UNDERTAKER Frank V. Ristone
(Address) 2918 E. Balto

20. FILED 19 ... Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 21st 1935 to Jan 6th 1936

I last saw him alive on Jan 6 1936 Death is said to have occurred on the date stated above, at 2:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Pneumonia (Gr. 4)	3 wks.
Pleurisy (Left base)	1 wk

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James F. Cahill M. D.

(Address) Mercy Hosp

8353 37 E 19353

308 37

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

JOHNS HOPKINS HOSPITAL

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-5 St., Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Philip Friedman

(a) Residence: No. 110 Jackson Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa

6. DATE OF BIRTH (month, day, year) 12-15-68

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Samuel Friedman

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Esther Shandwald

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 1-7-36 19

Hebrew Rosedale

19. UNDERTAKER Sol Levy Inc
(Address) 1439 E. Baltimore St

20. FILED JAN 7 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-31, 1935 to Jan 6, 1936

I last saw him alive on Jan 6, 1936. Death is said to have occurred on the date stated above, at 10.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	5 yrs
Chronic Urinary Retention	
Other contributory causes of importance: Bronchopneumonia	3 days

Was an operation performed? 0 Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Ketz, M. D.

(Address) Johns Hopkins Hosp.

F 19354

Spec.—1-10-21—M&T—1500 Bks.

F 19354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-D

REGISTERED NO. 15-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 4019 Fairfax Road ST., WARD)

2-FULL NAME Louis Yaffe

(a) RESIDENCE NO. 4019 Fairfax Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Yaffe

6 DATE OF BIRTH (month, day, and year)

7 AGE: 77 (Years / Months / Days)

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Mens Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Echna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: [redacted] Yaffe (Son)

(Address) [redacted]

15 Filed , 19 Registrar

7-1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/6 1936

17 I HEREBY CERTIFY, That I attended deceased from 1/27, 1929, to Jan 6, 1936,

that I last saw him alive on Jan 6, 1936

and that death occurred, on the date stated above, at 4 15 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocardial insufficiency

(duration) 9 ?? yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What ~~test~~ confirmed diagnosis? Physical

(Signed) Frank Lederman, M. D.

, 19 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hemig Run

DATE OF BURIAL 19

20 UNDERTAKER: Jack Lewis Inc 1434 E Balto.

ADDRESS

T 19855 F 19355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 1116 E Lexington St., 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Saphronia Bostick

(a) Residence: No. 1116 E. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875 (Est)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emma Thomas

(Address) 1116 Lexington St

18. BURIAL, CREMATION, OR REMOVAL No. 6184

Place Mt Auburn Date Jan 5 1936

19. UNDERTAKER Edw. Bryon

(Address) 1647 Pierce St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2- 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-12- 1935 to 1-2- 1936

I last saw her alive on 12-31- 1935 Death is said to have occurred on the date stated above, at 4:30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-26-35
Other contributory causes of importance:	
Interstitial Nephritis	unknown
	4 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D.

(Address) 611 N. Caroline St

M. D. B. 1268-9

F 19356

F 19356 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-9 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Pfeiffer

(a) Residence: No. 7404 Belair Road St., Ward. Balto Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) July 16, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sand Bank

10. Date deceased last worked at this occupation (month and year) Jan. 4, 1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

13. NAME George J. Pfeiffer

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Susan Koerber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Nicholas Smith.

(Address) Putty Hill, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 8 1936

19. UNDERTAKER Frederick Lassahn & Son

(Address) 7401 Belair Road

20. FILED ---- 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive Injury 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	1/5/36

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ACC Date of injury 1/5 1936

Where did injury occur? Fullerton Ave & Belair Rd (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place Street

How injury occurred Struck by auto

Nature Crushing skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Burkey Asst Coroner M. D.

(Address) 907 N Chas St

M. D. B. 1268-3

F 19357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19357

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2546 W. Lauretta ave St., 10th Ward)

Length of residence in city or town where death occurred (3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Duvall (Gruckunas)

(a) Residence: No. 2546 W. Lauretta ave, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year): March 18 1913

7. AGE: Years 22; Months 9; Days 18

If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Plymouth, Pa.

MOTHER

13. NAME: Vincent Gruckunas
14. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

15. MAIDEN NAME: Ana Balunas
16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT (Address): Vincent Gruckunas 2546 W. Lauretta ave

18. BURIAL, CREMATION, OR REMOVAL Date Jan 10, 1936
Place: Holy Redeemer

19. UNDERTAKER (Address): John Grabliauskas 423 S. Paca St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 5- 1936

22. I HEREBY CERTIFY, That I attended deceased from January 4- 1936 to January 5- 1936

I last saw her alive on January 5- 1936 Death is said to have occurred on the date stated above, at 9:130 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary and Intestinal Tuberculosis — Date of onset 7-1-35

Other contributory causes of importance:
none.

Name of operation none Date of ...

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Chester Kiland, M. D.

(Address) 2532 Edmondson ave.

M. D. B. 1268-9

19358

F 19358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Madison Ave 11-1 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther A Garrison

(a) Residence: No. 1118 Madison Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married (widowed, or divorced) HUSBAND of (or) WIFE of Carrie Garrison

6. DATE OF BIRTH (month, day, year) Dec 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercantile Trust

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Alfred Garrison

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Jane Custis

16. BIRTHPLACE (city or town) Balto Md (State or country)

17. INFORMANT Lena Garrison (Address) 1118 Madison St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 1/9/36 19

19. UNDERTAKER Mrs. George R. Bollard (Address) 1631 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	July 16 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation No Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen M. D.
Coroner

(Address) 501 Cathedral St

19359 F 19359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise Camper

(a) Residence: No. 1216 Riggs Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of E. T. Camper

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. night School.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Wm. T. Tyson

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Wm. T. Tyson
(Address) 1216 Riggs ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/9/36 19

19. UNDERTAKER Mrs. George E. Foland
(Address) 1631 Druid Hill Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1·6 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 1·5 . 1936, to 1·6 . 1936

I last saw her alive on 1·6 . 1936. Death is said to have occurred on the date stated above, at 5:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute infectious arthritis -	1·1·36
Acute bacterial endocarditis	1·1·36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. L. Jackson, M. D.

(Address) 206 N. Arlington

E 19360

9360 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 24

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp St., 14-3 Ward)
Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Grandison James.
(a) Residence: No. 1840 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

7. DATE OF BIRTH (month, day, year) June 20-1914

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0071
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Georgia Lunch Room
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

13. NAME Daniel James
14. BIRTHPLACE (city or town) (State or country) Sumpter S. C.

15. MAIDEN NAME Ella Gershaw
16. BIRTHPLACE (city or town) (State or country) Sumpter S. C.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sumpter S. C. Date 1/7/36 19

19. UNDERTAKER Mrs. George F. Bolling
(Address) 1631 Druid Hill Ave

20. FILED ..... 19 ..... Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/2 1936 to 1/4 1936
I last saw him alive on 1/4 1936 Death is said to have occurred on the date stated above, at 6 21 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	2 mo.

Other contributory causes of importance

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert L. Ryle M. D.
(Address) Balto City Hosp

M. D. B 1268-9

✓ F 19361

19361 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Pear St. 23rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Nicholas

(a) Residence: No. 912 Pear St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Jerome
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jo. Med School Date Jan 7 1936

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED ..... 19..... Registrar

1996

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. Lund & Pan,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Pylorus.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Kam Coroner M. D.

(Address) 1215 Hanover

19362 ✓ F 19362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-a-159

Registered No. .....

1. PLACE OF DEATH University Hospital St., 21 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Nicholas

(a) Residence: No. 1421 Maryland St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of .....

6. DATE OF BIRTH (month, day, year) Dec 21, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Gilbert Green

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Evelyn Nicholas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mother

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Balto Md Date Dec 7, 1936

19. UNDERTAKER Commissioner Health.

(Address) .....

20. FILED ..... 1936 ..... Registrar

1998

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 12/2/36 19

22. I HEREBY CERTIFY, That I attended deceased from 12/1/36, 19.. to 12/2/36, 19..

I last saw h.. alive on 12/2/36, 19.. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	12/1/36
Prematurity (37 wks 4 ds)	
Congenital Syphilis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. G. Hellrich M. D.

(Address) Univ. Hosp.

M. D. B 1268-9

F 19363

19363 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas B. Trannell

(a) Residence: No. 859 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) About 50

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1935. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Angina Pectoris	

Other contributory causes of Importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D. Coroner

(Address) 2737 E. Monument

F 19364

19364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 N. Bradford St. St., 8-25 Ward)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Hahn

(a) Residence: No. 1616 N. Bradford St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Hahn

6. DATE OF BIRTH (month, day, year) Oct. 22 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Mary
(State or country) County

13. NAME Walter W. Goldborough

14. BIRTHPLACE (city or town) St. Mary
(State or country) County

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) St. Mary
(State or country) County

17. INFORMANT Henry G. Hahn (hus.)
(Address) 1616 N. Bradford

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Jan. 7 36

19. UNDERTAKER Lilly & Entzian
(Address) 4-8 S. W. Pl.

20. FILED 1-7-1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 9 . 1935 to Jan. 5 . 1936

I last saw her alive on Jan. 4 . 1936 Death is said to have occurred on the date stated above, at 6A M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	7-9-35
Other contributory causes of importance: Chronic Myocarditis.	1933.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Albert G. Singewald M. D.

(Address) 1613 E. North Ave

M. D. B 1268-9

19365

F 19365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 6-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward D Crane

If U. S. Veteran specify WAR .....

(a) Residence: No. 125 N. Wolf St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Virginia

6. DATE OF BIRTH (month, day, year) June 29 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
65	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired watchm. Pattenpart

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -6V

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Marseille (State or country) France

MOTHER FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Adolphine

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs. Annie Crane

(Address) 125 N. Wolf St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 8 193[illegible]

19. UNDERTAKER Talbert Funeral Home

(Address) 703 S. Haven

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) W. W. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave

F 19366

F 19366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., H-1 Ward)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abram N. Le Master

(a) Residence: No. 415 St. Paul St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn

6. DATE OF BIRTH (month, day, year) 12/22/1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinsmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Business 60 yrs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Franklin Co. Pa.

MOTHER

13. NAME Sarah Huber

14. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

15. NAME John Le Master

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Son.
(Address)

18. BURIAL, CREMATION OR REMOVAL Pa

Place Chambersburg Date 1/9 19 36

19. UNDERTAKER Stewart Brown & Co.
(Address) 101 W. Saratoga ave.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/29 1934 to 1/5 1936

I last saw him alive on 1/5 1936 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 24 hrs

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 19367 ✓ F 19367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 117-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp. H-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Lloyd Michael

If U. S. Veteran specify WAR .....

(a) Residence: No. Timber Mill Road St., Woodlawn Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Gilbert

6. DATE OF BIRTH (month, day, year) March 7, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34.	7 9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Lather

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const.

10. Date deceased last worked at this occupation (month and year) 10/35

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Blue Ridge Mountains Va.

FATHER

13. NAME Joseph F. Michael

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Virginia Marsh

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Lydia Chapman
(Address) Timber mill Rd. Woodlawn

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn cem. Date Jan. 9/36

19. UNDERTAKER Walter Davis
(Address) 3715 Chestnut Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1936, to 1/6 1936

I last saw h.. alive on 1/6 1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bed sacrum	12/1/35
Bilateral Pneumonia	12/11/35
" Empyema	
Ruptured gastric ulcer	12/18/35

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/17/35

For what disease or injury? Perforated gastric ulcer

Name of operation Gastroenterostomy Date of 12/17/35

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) C. H. Rein M.D. M. D.

(Address) University Hospital

M. D. B. 1268-9

✓ F 19368

19368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S. Broadway St., 3-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Joseph Wolf

(a) Residence: No. 220 S. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice S.

6. DATE OF BIRTH (month, day, year) Nov 17 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck helper at Bolt Transfer Co.
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER FATHER

13. NAME Spangler Wolf
14. BIRTHPLACE (city or town) (State or country) Spangler Pennsylvania

MOTHER

15. MAIDEN NAME Shirtell Betzel
16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Mrs. Alice Wolf
(Address) 220 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 9 1936

19. UNDERTAKER Martin H. E. Deppisch
(Address) 37 S. Ann St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Larynx	

Other contributory causes of importance:

Was an operation performed? yes Date of Nov. 1935

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..... M. D.
Coroner

(Address) 1610 S. Ellwood Ave.

✓ F 19369

9369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose Brown

(a) Residence: No. 1226 N. Washington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theo. C. Brown

6. DATE OF BIRTH (month, day, year) April 20, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~78~~	77	8	12	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Fred Rosenkamp

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lizetta Schoch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary L. Holmes

(Address) 714 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/8/36 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2502 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to Jan 6, 1936

I last saw h[illegible] alive on Jan 6, 1936 Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Apoplexy cerebral	
2. Hypertension	
3. Apoplexy	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, [illegible]

(Signed) P. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. P. 1368-9

F 19370

19370 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 313 E. 25th St., 12-B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Augusta Francis if U.S. War no.

(a) Residence: No. 313 East 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ann Francis

6. DATE OF BIRTH (month, day, year): Feb. 11 1851 Forbes

7. AGE: Years 84 | Months 11 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Union Memorial Hospital

10. Date deceased last worked at this occupation (month and year): Last 6 yrs. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: Augustus Francis

14. BIRTHPLACE (city or town) (State or country): Baltimore Co Md.

MOTHER

15. MAIDEN NAME: Elizabeth Blakeley

16. BIRTHPLACE (city or town) (State or country): Baltimore Co Md.

17. INFORMANT: Son Lawrence Francis
(Address) 313 E. 25th Street Balto City

18. BURIAL, CREMATION, OR REMOVAL
Place: Providence Cem. Date: Jan. 8th 1936

19. UNDERTAKER: John Burns Sons
(Address) Towson Md.

20. FILED [illegible] 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1936 to Jan 6 1936

I last saw him alive on Jan 6 1936 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	Jan 1936

Other contributory causes of importance:

Cerebral Thrombosis

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. C. Richardson M. D.

(Address) 11 E. Lexington St

F 19371 ✓ F 19371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2783 Tivoly St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles W. Taylor

(a) Residence: No. 2783 Tivoly ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Taylor

6. DATE OF BIRTH (month, day, year) June 12 - 1888

7. AGE: Years 47 | Months 6 | Days 24 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dyeing & Finishing

10. Date deceased last worked at this occupation (month and year) 1/4/36 | 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore City Md.

FATHER

13. NAME: William B. Taylor

14. BIRTHPLACE (city or town) (State or country): Chincoteague Va.

MOTHER

15. MAIDEN NAME: Margaret McLaughlen

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Margaret Taylor (Address) 2783 Tivoly ave

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Gem. Date Jan. 9 36

19. UNDERTAKER: John A. McGann (Address) 3000 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

1-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6/, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-4-, 1933. to 1-6-, 1936

I last saw him alive on 12-30, 1935. Death is said to have occurred on the date stated above, at 2:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Unknown
Other contributory causes of importance: Angina Pectoris	1-4-33

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. B. Lybert M. D.

(Address) 2802 Halford Ave

F 19872

19372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 7-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alexander Davis

(a) Residence: No. 1740 E. Ashland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/22/60

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mariah Williams

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Jan 9th, 1936

19. UNDERTAKER Mrs. Robert Lewis daughter
(Address) 1129 Gardner St.

20. FILED 7-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/5, 1934 to 1/6, 1936

I last saw him alive on 1/6, 1936 Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Bronchopneumonia	3 days.
Cerebral thrombosis	3½ wks

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

M. D. B. 1268-8

19373 ✓ F 19373

19373 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 W. West St. St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Stokes

(a) Residence: No. 108 W. West St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Jan 4 - 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Meherrin Va. Lunenburg Co.

13. NAME George Stokes

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Parham

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Stokes wife

(Address) 108 W. West St

18. BURIAL, CREMATION, OR REMOVAL Place Meherrin Va. Lunenburg Co. Date Jan. 8th 1936

19. UNDERTAKER Mrs. Robert A. Elliott - daughter

(Address) 1129 N. Gardiner St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/36

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1936 to Jan 5 1936

I last saw h alive on Jan 5 1936 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	12
	29
	35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1638 W. West St

✓ F 19374

19374 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Boxley

(a) Residence: No. 1 Nathan Ave St., Ward. Baltimore Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 22, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hospital Balto Md

FATHER

13. NAME Robert Boxley

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Reba Taylor

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Robert Boxley
(Address) Bonlay Springs, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove Date Jan 8 . 1936

19. UNDERTAKER P. Mackenzie Son
(Address) White Hall Md

20. FILED Jan 8 1936 19 ..... Registrar.

REH

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Jan 7 . 1936

22. I HEREBY CERTIFY, That I attended deceased from December 22 . 1935 . to January 7 . 1936
I last saw him alive on January 7. 1936. Death is said to have occurred on the date stated above, at 4 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aspiration pneumonia	1/7/36
Other contributory causes of importance: Nutritional disturbance	prob.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Hugh Blue Kelly M. D.
(Address) University Hosp.

F 19375

19375 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp, St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mike Williams (Marko Relich) If U. S. Veteran specify WAR

(a) Residence: No. 1 Ave Anchorage St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 Y			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yugoslavia

FATHER
13. NAME Pete
14. BIRTHPLACE (city or town) (State or country) Yugoslavia

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) Yugoslavia

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Locust Point Date 1/7 1936

19. UNDERTAKER J. J. Fraher & Son
(Address) 1318 Light St

20. FILED , Registrar

DF 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/7 1933 to 1/3 1936
I last saw him alive on 1/3 1936 Death is said to have occurred on the date stated above, at 6 10 p.m.

The principal cause of death and related causes of importance were as follows:
Ulcer D duodenum — Date of onset 2 yr.
c hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert G. Ayers M. D.

(Address) Balto City Hosp

(Dundalk) ✓ F 19376

19376 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Dundon

(a) Residence: No. 206 York Rd. Towson Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~WIFE of~~ Mary Elizabeth Dundon

6. DATE OF BIRTH (month, day, year) Sept 23, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) Nov. 1, 1935

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Towson Maryland

FATHER

13. NAME Chas. Dundon

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary E. Perdue

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

17. INFORMANT Mary E. Dundon

(Address) 206 York Rd. Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Jan. 10 1936

19. UNDERTAKER Frank Cassagne & Son

(Address) 7401 Belair Rd.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Jan 7, 1936

I last saw him alive on Jan. 7, 1936 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

Perforated appendix — Date of onset Nov. 1, 35

Unperforated

Other contributory causes of importance:

Secondary anemia — Dec. 35

Was an operation performed? Yes Date of Nov. 1, 35

For what disease or injury? Perforated appendix

Name of operation Appendectomy Date of Nov. 1, 35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Krueger M. D.

(Address) Mercy Hospital

F 19377

9377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Margaret Clegg

(a) Residence: No. 1228 N. Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Clegg

6. DATE OF BIRTH (month, day, year): 2/7/1865

7. AGE: Years 69 70 | Months 10 10 | Days 28 28 | If LESS than 1 day, hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: Joseph Ross.

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Martha Robert

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 9th 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

25. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/26 1935 to 1/5 1936

I last saw her alive on 1/5 1936 Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Diabetes Mellitus	3 yr.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reyer M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

✓ F 19378

19378 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St., 22 Ward) 186-a

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Evan Rhan Jenkins

(a) Residence No. 462 (Usual place of abode) Hollen Rd St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jenkins

6. DATE OF BIRTH (month, day, year) June 19 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Coal Mines

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Wales

MOTHER FATHER

13. NAME Rhesta Jenkins

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Evans

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mary A. Jenkins
(Address) 462 Hollen Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Jan 8 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Subdural Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Cerebral Decompression Date of Jan 2 36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan. 2, 1936

Where did injury occur? Baltimore City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In yard of home

Manner of injury Slipped & fell on back of head

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O Kann M. D.
Coroner

(Address)

M. D. R. 1268-9

19379 HEALTH DEPARTMENT—CITY OF BALTIMORE 19379

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4817 Forest Park Ave 28-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hanson M. Cross.

(a) Residence: No. 4817 Forest Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Emma Jane Gordon Cross

6. DATE OF BIRTH (month, day, and year) April 4, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mary land

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Bessie D. Whitmore

(Address) 4817 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Dec. 8, 1936

19. UNDERTAKER Easton Sons & Nicol City.

(Address)

20. FILED Dec 7, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28th, 1935, to Jan 6th, 1936

I last saw him alive on Jan 6th, 1936. Death is said to have occurred on the date stated above 12.00 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Trouble and Loss of Flesh.	Several years

Other contributory causes of importance: Gastric Ulcers

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ira Y. Troxell M. D.

(Address) 1100 Stirling Road

F 19380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 149-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Bessie D. Kaeher

(a) Residence: No. 6102 Bertram Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry E. Kaeher

6. DATE OF BIRTH (month, day, year) Nov 20 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edw. T. Trimble

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lilly M. Petrick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry E. Kaeher

(Address) 6102 Bertram Ave

18. BURIAL, CREMATION, OR REMOVAL Pikesville Date Jan 9 1936

19. UNDERTAKER Thos. Scanlon

(Address) 901 N. Charles St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pregnancy - Ruptured uterus.	

Other contributory causes of importance: Hemorrhage shock

Was an operation performed? Yes Date of January 6 36.

For what disease or injury? Ruptured uterus.

Name of operation Caesarean Operation Date of 1/6/36

What test confirmed diagnosis? Clinical & operative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raul Schenker, M. D. Coroner

(Address) 1914 E. North ave.

F 19381

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19381

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3040 Guilford Ave St., 7 Ward)

Length of residence in city or town where death occurred 82 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Reg. Ford

(a) Residence: No. 3040 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie E. Ford

7. DATE OF BIRTH (month, day, year) Feb. 6, 1853

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Columbus A. Ford

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Henrietta Hines

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Fannie E. Ford

(Address) 3040 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Jan 8 1936

19. UNDERTAKER Wm Fletcher Sons

(Address) North & Hadues.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1935, to Jan 6 1936

I last saw h.. alive on Jan 4 1936 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	3 days
Other contributory causes of importance: Cerebral Arteriosclerosis	Several Yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M B ..... M. D.

(Address) 2216 ..... Pkwy

F 19382

19382 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2716 Riggs Ave St., 16-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Mary Rosella Knoop
(a) Residence: No. 2716 Riggs Ave St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Herman H. Knoop
6. DATE OF BIRTH (month, day, year): July 14, 1860
7. AGE: Years 75 | Months 5 | Days 22 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: Anthony Creamer
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Mary Darch
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Mabel Bleecker
(Address) 2716 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Md. Date: Jan 8, 1936

19. UNDERTAKER: Wm. J. Dickey & Sons
(Address) North & Pulaski

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17th, 1935 to Jan 6, 1936
I last saw her alive on January 6, 1936 Death is said to have occurred on the date stated above at 11.40 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset Jan 1936

Other contributory causes of importance:

Apoplexia — 12/14/35

Was an operation performed? yes/no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Amelia E Lusk M. D.
(Address) 1717 N. Carolina

F 19383

F 19383 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No. [redacted]

CITY OF BALTIMORE: (No. 3031 Woodland Ave. [redacted] (If death occurred in hospital or institution, give its name instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah P. Rodgers

If U. S. Veteran specify WAR

(a) Residence: No. 3031 Woodland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert F. Rodgers

6. DATE OF BIRTH (month, day, year): October 16, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): B. A. Co. Md.

FATHER

13. NAME: John Phipps

14. BIRTHPLACE (city or town) (State or country): A.A. Co. Md.

MOTHER

15. MAIDEN NAME: Rachel Randall

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. Ernest A. Leatherbury

(Address): 3031 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Park Date: Jan. 8, 1936

19. UNDERTAKER: Wm J. Lickner & Son

(Address): North & Pa

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Jan 6 1936

last saw her alive on Jan 6th 1936. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/3/36
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. Culver Chase M. D.

(Address) 1901 Eutaw Pl

19384

F 19384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 N. Gay Street St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 11 mos. 8 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mabury Turner McIntire

(a) Residence: No. 1037 N. Gay Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~ Lavina McIntire

6. DATE OF BIRTH (month, day, year) Jan 29th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Maker 60 yrs

10. Date deceased last worked at this occupation (month, year) 1915

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Wallace McIntire

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Jane Wilkinson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mrs Hugh Allston (Daughter) 1037 N. Gay Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 8 . 1936

19. UNDERTAKER (Address) J. H. Lichtenberg & Sons North Avenue

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th . 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 . 1936. to ..... 19....

I last saw h[illegible] alive on Jan 5 1936. Death is said to have occurred on the date stated above, at 10.15 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hem — Date of onset

Other contributory causes of importance: old age

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. O'Leary M. D.

(Address) 1509 N Carrollton Av

F 19385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19385

18

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sydenham Hospital St. 23-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Warren Duffey

(a) Residence: No. 118 W. Randall St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Hutson Duffey

6. DATE OF BIRTH (month, day, year) June 8, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Duffey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Florence Sullens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date 1/8/36 19

19. UNDERTAKER Chas. B. Fruchtenicht
(Address) 23 E. Lanvale St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1935, to Jan 7 1936
I last saw him alive on Jan 7 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	12-27-35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irwin D. Schwentker M. D.

(Address) Sydenham Hospital

F 19386

19386 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St St. 10-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur O'Keefe

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	"			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William O'Keefe

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Daily.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.
(Address) 1200 Valley Street, Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 8, 1936

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19..... Registrar

6-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1935 to Jan 7 1936

I last saw him alive on Jan 6 1936 Death is said to have occurred on the date stated above, at 11:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 26 1935

Other contributory causes of importance:

Arteriosclerosis	?
Hypertension	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. J. McCarthy, M. D.

(Address) 1114 Hollins

19387
3077/3

F 19387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 10-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Willie Walker

(a) Residence: No. 835 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-4-90

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paving Co MD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Car

FATHER

13. NAME Robert Walker

14. BIRTHPLACE (city or town) (State or country) S. Car

MOTHER

15. MAIDEN NAME annie Easter

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 6 . 1936

19. UNDERTAKER Fred W. Williams
(Address) 1515 Moorelay St

Jan 6 1936 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 . 1935 to Jan 3 1936

I last saw him alive on Jan 3 . 1936. Death is said to have occurred on the date stated above, at 150A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Vascular Nephritis	?
Hypertension	?
Other contributory causes of importance:	
Uremia, due to Nephritis	Dec 20 '35

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Joseph F. Sedwick, M. M. D.

(Address) Johns Hopkins Hospital

F 19388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-W

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No.) St. E-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosie Clark

(a) Residence: No. 418 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Married

7a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/30/93

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Jerry Taylor

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Adeline Jan

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pct Quarters Date Jan 9 1936

19. UNDERTAKER Fuller & Eccleston
(Address) 1518 N. Eden

20. FILED Jan 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1935 to Jan 3 1936

I last saw her alive on Jan 3 1936 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis Carcinoma ovary with ascites.	before 17
Other contributory causes of importance: Nephritis, Emaciation, and Ascites.	

Was an operation performed? yes Date of 1930 & 1936

For what disease or injury? Malignant (?) Pancreatic Carcinoma of Ovary

Name of operation Exploratory Laparotomy Date of 1930

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lawson Alexander Tait M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19389 F 19389

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bradford Apts St Paul St., 33rd Sts. Ward) 12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Boehm

(a) Residence: No. 11 Southgate Ave. Annapolis Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Janet Bruce Boehm

6. DATE OF BIRTH (month, day, year) Nov. 29, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles F. Boehm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine S. Boehm

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT A. Bruce Boehm (son)

(Address) 403 Lawn Ridge Rd Orange, N. J.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/7/36, 19

19. UNDERTAKER Henry A. Jenkins & Sons Co.

(Address) McCulloh & Orchard Sts.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 25 to January 6, 1936

I last saw him alive on January 6, 1936 Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinoma	1934?

Other contributory causes of importance:

Myocarditis	1935

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 20 S. Greene St. , M. D.

(Address) Baltimore, Md

F 19390

F 19390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-34-D-92-N

Registered No. .....

1. PLACE OF DEATH South Baltimore General Hosp.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian Dohrman

(a) Residence: No. Penn. & 4th Curtis Bay St., ... Ward. Anne Arundel Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of CHARLES H. DOHRMAN

6. DATE OF BIRTH (month, day, year) JAN 8 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JOHN YANKER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT CHARLES H. DOHRMAN
(Address) PENNINGTON CURTIS BAY

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY CROSS Date JAN. 10. 1936

19. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7. 1936

22. I HEREBY CERTIFY, That I attended deceased from November 16. 1935. to January 7. 1936

I last saw her alive on January 7. 1936 Death is said to have occurred on the date stated above at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Cardio vascular disease with aortic insufficiency	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Duvall M. D.

(Address) South Balto. Gen. Hosp.

F 19391

F 19391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 - 4 ✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1 - 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gottlieb Ferdinand Engler

(a) Residence: No. 2208 Fleet St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day, year) Dec 25 / 43

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	92	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired gdner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Cabinet maker

10. Date deceased last worked at this occupation (month and year) 42 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rammelsberg Germany

FATHER

13. NAME Johan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Henrietta Engler

(Address) 2208 Fleet St

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem Date Jan 9 1936

19. UNDERTAKER Geo. C. Muller

(Address) 2435 E. Monument St

20. FILED ... 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia etc.	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of Injury July 3. 1935

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place rear yard of home

Manner of injury slipped off steps

Nature of injury Fracture R tibia & fibula

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. R. Wright M. D.

Coroner

(Address) 1015 S. Edwards Ave

F 19392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19392

108

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin Griffin Sr. If U. S. Veteran specify WAR

(a) Residence: No. 1513 Sycamore St., Curtis Bay. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edwin L. Griffin

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Virginia Pesticone

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edwin L. Griffin Sr
(Address) 1513 Sycamore St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date Jan 9 1936

19. UNDERTAKER G. Howard Keans
(Address) 1520-22 Light St

20. FILED JAN 9 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 25 1935 to January 7 1936

I last saw him alive on January 6, 1936. Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-27-35
Empyema	12-28-35

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

F 19393

F 19393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 N. Howard St. 11-3 Ward)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Mary Virginia Johnson

(a) Residence: No. 726 N. Howard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staunton Va

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Gordon

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Edna E. Johnson
(Address) 726 N. Howard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodstock Va. Date 1-9-36

19. UNDERTAKER J. B. Kippert & Son
(Address) 1300 Eutaw Place

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 36

22. I HEREBY CERTIFY, That I attended deceased from July 20 1935 to Jan. 7, 1936

I last saw her alive on Jan 7, 1936 Death is said to have occurred on the date stated above, at 10 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Auricular fibrillation	July 35.
Other contributory causes of importance:	
Broncho-pneumonia	1-4-36

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lloyd E. Taylor M. D.
(Address) 3957 York Rd.

Spec.—1-12-23—M&T—500 Blks.

F 19394

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19394

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1216 S Clinton ST. 76-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Cuda

(a) RESIDENCE. NO. 1216 S Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/7/36

7 AGE Years Months Days If LESS than 1 day hrs. min.

7 Hours

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Joseph Cuda

11 BIRTHPLACE OF FATHER (city or town) N.Y. City

(State or country)

12 MAIDEN NAME OF MOTHER Josephine Frumuch

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Joseph Cuda

(Address) 1216 S. Clinton St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7 1936

17 I HEREBY CERTIFY, That I attended deceased from 1/7, 1936, to 1/7, 1936,

that I last saw h alive on 1/7, 1936, at 1:30 P m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wright L. Liddle M. D.

1/7, 1936 (Address) 1323 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem DATE OF BURIAL Jan 8 1936

20 UNDERTAKER Stephen Kalkowski Inc ADDRESS 1000 S Kenwood Ave

19395 HEALTH DEPARTMENT—CITY OF BALTIMORE 19395

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 S. Fremont ave St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Segall.

(a) Residence: No. 624 S. Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hannah Ettel

(Address) 624 S Fremont ave

18. BURIAL, CREMATION, OR REMOVAL Gibson Washington Rd Date Jan 8 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto st

20. FILED JAN 8 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/23 1935 to 1/7 1936

I last saw h. W alive on 1/7 1936 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Hornstein M. D.

(Address) 733 Argyle Ave

F 19396

F 19396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× ✓ 159

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Fruehsorger

(a) Residence: No. 27 Link Ave. Halethorpe, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-6-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Fruehsorger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Jan 9, 1936

19. UNDERTAKER Frederick A. Dale
(Address) 1200 W Fayette St

20. FILED ..... 19 ..... Registrar K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/6 1936 to 1/6 1936

I last saw h..... alive on (dead at birth) 19 . Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Maternal hypertension	
Pneumonia (toxic)	1/1/35
Prematurity (LMC 12/30/35)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Post-mortem Cesarean section Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Carl G Merkel M. D.

(Address) St Agnes Hosp.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

19397 19397

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 Little Lime St. 17-1 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary R Boldon

If U. S. Veteran specify WAR

(a) Residence: No. 936 Little Lime St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm Boldon

6. DATE OF BIRTH (month, day, year) Jan 29-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Redmond

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susie —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Boldon

(Address) 936 Little Lime St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1-9 19 36

19. UNDERTAKER Thomas A Hensley

(Address) 522 N Bradle St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Nephritis	Jan 1 1935
Essential Hypertension	

Other contributory causes of Importance:

Was an operation performed? none of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Hensley Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Callum M. D.

Coroner

(Address) 850 Eutaw St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

19398

CERTIFICATE OF DEATH

F 19398

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 Druid Hill ave. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Wm Lee

If U. S. Veteran specify WAR .....

(a) Residence: No. 1938 Druid Hill ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Forella Lee

6. DATE OF BIRTH (month, day, year) Jan. 4, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 00?3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Lee

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ella Kennond

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Forella Lee
(Address) 1938 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 1/10/ 1936

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1935 to Jan 7 1936

I last saw h[im] alive on Jan 6 1936. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	1926
Other contributory causes of importance: Arterio sclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? 0 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill ave

19399 HEALTH DEPARTMENT—CITY OF BALTIMORE 19399

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Argyle ave 17-2 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Fisher

(a) Residence: No. 1327 Argyle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93 1843	?		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME William Taylor

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ella Butler

(Address) 1327 Argyle ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 1/8/ 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 577 W. Biddle St

20. FILED JAN 8 - 1936 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1935 to Jan 5 1936

I last saw h alive on Jan 4 1936 Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Complications	
Other contributory causes of importance Senility	

Was an operation performed? No Date of No

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Grant M. D.

(Address) 1 E Wal Fayette Ave

M. D. B 1268-9

19400 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19400

CERTIFICATE OF DEATH

1. PLACE OF DEATH Presbyterian Church Registered No. 82-a
CITY OF BALTIMORE: (No. Walbrook ave & Eldar St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
U. S. Veteran specify WAR

2. FULL NAME Ellen Sandsbury Osborne
(a) Residence: No. 2802 W. Lanvale St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Henry Osborne

6. DATE OF BIRTH (month, day, year) Jan. 8 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid, 0 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lawanda Pa.

FATHER
13. NAME George L. Cook
14. BIRTHPLACE (city or town) (State or country) Lawanda Pa.

MOTHER
15. MAIDEN NAME Catherine Wilkinson
16. BIRTHPLACE (city or town) (State or country) Lawanda Pa.

17. INFORMANT Charles Henry Osborne
(Address) 2802 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 8th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased died to death on the day stated above. 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hann M. D. Coroner
(Address) 125 Hanover St.

19401 305 195

✓ F 19401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 23

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Offley

If U. S. Veteran specify WAR

(a) Residence: No. 14 Wyndhurst Ave St., Ward. Catonsville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert

7. DATE OF BIRTH (month, day, year): 1-31-70

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Calif.

FATHER

13. NAME: William Parker

14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER

15. MAIDEN NAME: Anna Munday

16. BIRTHPLACE (city or town) (State or country): Ill

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Arlington Md. Date Jan 9. 1936

19. UNDERTAKER: Wm J Tuohy & Son
(Address) No Pa

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7. 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 4. 1936 to Jan 7. 1936

I last saw her alive on Jan 7. 1936 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison's Disease	1928

Other contributory causes of importance:

Pulmonary Tuberculosis	dec. 1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Sputum Stain Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph T. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

F D. 19402 ✓ F 19402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 26-11 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hugh Mc. Call If U. S. Veteran specify WAR

(a) Residence: No. 3301 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine McCall

6. DATE OF BIRTH (month, day, year) July 22/1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 74	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Packer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hugh McCall

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wife Katherine Mc. Call
(Address) 3301 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart. Date Jan 9, 36 19

19. UNDERTAKER Filby & Inglehart
(Address) 409 S. Paca St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6/36 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1212 E. North Ave

M. D. B. 1268-9

F 19403

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19403

CERTIFICATE OF DEATH

140

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward) 23-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ida Young.

(a) Residence: No. 34 E. Hamburg St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John F. Young.

6. DATE OF BIRTH (month, day, year) May 19, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ridgely, Md.

FATHER

13. NAME John Burns.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Daisey White.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT John R. Young (husband)

(Address) 34 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June . 1936

19. UNDERTAKER G. Edward Young

(Address) 1406-07 E. Chas. St.

20. FILED ..... . 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis.	
Septicaemia.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Hospital autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. L. Reinhardt M. D.
Coroner

1/7/36 (Address) 1017 E. Charles St.

F 1936 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D F 19304

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bald City Hosp. St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Brown.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1511 1/2 Myrtle Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew.

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. Hoffman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Record Bett.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/10 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressatman St.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/13 1935 to 1/7 1936

I last saw her alive on 1/7 1936 Death is said to have occurred on the date stated above, at 3 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Bald City Hosp

M. D. B 1268-9

F 19405 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19405

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH Provident Hospital. 16-2 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William E. Marean

(a) Residence: No. 823 N. Calhoun St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 2, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) T. P. Co. Md

FATHER
13. NAME John Marean
14. BIRTHPLACE (city or town) (State or country) T. P. Co. Md

MOTHER
15. MAIDEN NAME Roberta Yankaway
16. BIRTHPLACE (city or town) (State or country) T. P. Co. Md

17. INFORMANT Carrie Mathews
(Address) 823 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/9/36

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Orcastman St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains (further above, held an Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 3300 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possibly Gunshot wounds in Heart, Lungs Hemorrhage.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 12/25, 1935

Where did injury occur? Baltimore Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Laundry Co. Largest Laundry Co.

Manner of injury Shot by pistol

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann, M. D. Coroner

(Address) 1210 Hanover

F 19406 HEALTH DEPARTMENT—CITY OF BALTIMORE B 19406

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1148 Stricker St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Makel

If U. S. Veteran specify WAR

(a) Residence: No. 1148 Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Makel

6. DATE OF BIRTH (month, day, year) July 4, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Upper Marlboro Md.

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie Warring

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) John Makel 1148 Stricker St

18. BURIAL, CREMATION, OR REMOVAL Place Walkers Chapel Date 1/10, 1936

19. UNDERTAKER (Address) Thomas E. Kelson 1303 Presstman St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1935, to 1/6, 1936

I last saw h alive on 1/6, 1936 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

Central apoplexy + Paralysis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 19407

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19407

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 N Eden St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosetta Thomas

(a) Residence: No. 436 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
1=	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress 010

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dept store

10. Date deceased last worked at this occupation (month, day, year) Sept 1935 | Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Belle Hockaday

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Belle Thomas (Mother) South
(Address) 436 N Eden St

18. BURIAL, CREMATION, OR REMOVAL Mt Calvary cemetery
Place Date Jan 9 19 36

19. UNDERTAKER Milton Davis
(Address) 1624 E. Monument St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1935 to Jan 5 1936.

I last saw h alive on Jan 4 1936. Death is said to have occurred on the date stated above, at 12.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Parenchymatous Nephritis	Sept 30 1935
Other contributory causes of importance: Mitral Insufficiency. Marked Hypertension.	Sept 30 1935

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. H. Young M. D.

(Address) 1424 E Monument St

F 19408

F 19408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Wellesley St., 20-6 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernice Adele McEwen.

(a) Residence: No. 601 Wellesley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 20. 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, dry goods

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mail order

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John T. McEwen

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sophia Cooper

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

17. INFORMANT John T. McEwen.
(Address) 601 Wellesley St.

18. BURIAL, CREMATION, OR REMOVAL Poplar Balto Co Md Date Jan 9 1936

19. UNDERTAKER Walter R. McNamee.
(Address) 4114 Falls Road.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/6 1935. to 1/6 1935

I last saw her alive on 1/6 1935. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 Yrs.
Other contributory causes of importance:	
Sanitarium of both lungs	
T. B. throat	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Damian P. Alagia M. D.

(Address) 336 Fredericktown

✓ F 19409

19409 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St. 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Ensey

(a) Residence: No. 423 N. Pine St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year) 2/11/1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER
13. NAME Jacob
14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER
15. MAIDEN NAME Sarah
16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date Jan 8 19 36

19. UNDERTAKER [illegible] Health.
(Address) [illegible]

20. FILED ..... 19 ..... Registrar.

1936

2001

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/2 1935 to 1/4 1936

I last saw him alive on 1/4 1936 Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6 days.
Bronchopneumonia	2 days.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reis M. D.

(Address) Balto City Hosp.

M. D. R. 1268-9

19410

F 19410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Carroll St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DELIA MICHEL

(a) Residence: No. 1132 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Michel

6. DATE OF BIRTH (month, day, year) July 7, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7 6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Elkridge Maryland

FATHER

13. NAME Allen Watts.

14. BIRTHPLACE (city or town) (State or country) Elkridge Maryland

MOTHER

15. MAIDEN NAME Mary Pierce

16. BIRTHPLACE (city or town) (State or country) Elkridge Maryland

17. INFORMANT Mary Panaman

(Address) 1132 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Pk

Place Date. 1/11/36 19

19. UNDERTAKER Geo H. Lemmon

(Address) 1-25 N Fremont Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7 . 1936

22. I HEREBY CERTIFY, That I attended deceased from August . 1935 to January 7 . 1936

I last saw her alive on January 7 . 1936 . Death is said to have occurred on the date stated above, at 8.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial fibrosis	?
Coronary artery Disease	
Broncho-pneumonia	Jan 3, 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert J. Glass M. D.

(Address) 1112 Washington Blvd

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

Aldridge ✓ F 19411

F 19411 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt 6-5 St. 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ina Aldridge

If U. S. Veteran specify WAR .....

(a) Residence: No. 409 N Bond St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Divorced

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Mabel Aldridge

6. DATE OF BIRTH (month, day, year) 3-5-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	9	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? do

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Md

FATHER

13. NAME John Aldridge

14. BIRTHPLACE (city or town) (State or country) ? Md

MOTHER

15. MAIDEN NAME Amanda (?)

16. BIRTHPLACE (city or town) (State or country) (?) Md

17. INFORMANT (Address) Balto City Hospt. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date May 10 1936

19. UNDERTAKER (Address) Kendall Hopper 1935 E. Monument St.

20. FILED 12 Registrar

8-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-23 1935 to 1-4 1936

I last saw him alive on 1-3 1936 Death is said to have occurred on the date stated above, at 7 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
[redacted] Left	3 Mos

Other contributory causes of importance:

Empyema, Left 2 Mos

Was an operation performed? Yes Date of 12-21-35

For what disease or injury? Empyema, Left

Name of operation Thoracotomy Date of 12-21-35

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt. F. Mantz M. D.

(Address) Balto City Hosp

19412

HEALTH DEPARTMENT—CITY OF BALTIMORE

19412

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Woodlea ave St., 27-1 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August Borgmann

(a) Residence: No. 4012 Woodlea ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Borgmann

6. DATE OF BIRTH (month, day, year) Aug 30-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House 6015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Borgmann

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Matilda Lasahn (Address) 5307 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn County Date 1/9/36 19

19. UNDERTAKER Mrs C. Gillet & Son (Address) 2337 Jefferson St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-11 1935 to 1-6 1936

I last saw h[illegible] alive on 1-6 1936 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset 1-4-36

Arteriosclerosis

Other contributory causes of importance:

Carcinoma of Sigmoid

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael J Sweeney M. D.

(Address) 5401 Belair Rd

M. D. F 1268-9

19413 ✓ F 19413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 517 N Burgundy 23

CITY OF BALTIMORE: (No.) St., 7th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wise

(a) Residence: No. 517 N Burgundy St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Steve Wise

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Howard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Henrietta Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wesley Howard (Address) 517 Burgundy St.

18. BURIAL, CREMATION, OR REMOVAL Place Calvert Co. Md Date 12/9 . 1936

19. UNDERTAKER Walter B. Spence (Address) 1392 W. Hamburg St.

20. FILED . 19 Registrar.

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 . 1935 to Jan 6 . 1936

I last saw her alive on Jan 6 . 1936 Death is said to have occurred on the date stated above, at 6 00 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Toxemia	

Name of operation Physical Signs Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Thompkins . M. D.

(Address) 501 N Hamburg St.

Spec.—8-16-29—L. F. S.—100 Blks.

1941-1

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19414

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 W Cross ST. 21-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie May Burgman

(a) RESIDENCE NO. 606 W Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John L. Burgman

6 DATE OF BIRTH (month, day, and year): Jan 23-1865

7 AGE: Years 70 | Months 11 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Paul Belt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lizzie Dickson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Raymond L. Burgman

(Address) 1511 De Soto Rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/7/36

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1936, to Jan 7, 1936, that I last saw her alive on Jan. 7, 1936 and that death occurred, on the date stated above, at 7 20 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Croupous)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchitis, Cardiac failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Samuel Rubin, M. D.

, 19 (Address) 203 Catapsco Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Jan. 9 1936

20 UNDERTAKER: Chas E. Franck

ADDRESS: 802 Madison Ave

19415 ✓ 1 F 19415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH + 53-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., W 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MRS ELIZABETH AYRES

(a) Residence: No. BEL AIR, MD St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jessie Ayres

6. DATE OF BIRTH (month, day, year) Dec 5 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Piper

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Jessie Ayres
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dublin Md Date Jan. 10 1936

19. UNDERTAKER H.C. McComas & Son
(Address) Abingdon, Md.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 1, 1936, to JANUARY 7, 1936.
I last saw her alive on JANUARY 7, 1936. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
MALIGNANT BRAIN TUMOR	10-15-35
CACHEXIA	

Other contributory causes of importance:

BRONCHO-PNEUMONIA } due
CIRCULATORY & RESP FAILURE }

Was an operation performed? YES Date of 11-20-36

For what disease or injury? MALIGNANT BRAIN TUMOR (ENTRIOLOGRAM, ENCEPHALOGRAM)

Name of operation BONE FLAP Date of 11-20-36

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) E. J. Cornbrooke Jr. M. D.
(Address) University Hospital

M. D. P. 1268-9

19416 F 19416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Glenmore Ave 27-H Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel E. Hoffman

(a) Residence: No. 3415 Glenmore Ave - Hamilton Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ John H. Hoffman

6. DATE OF BIRTH (month, day, year) Oct 24th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Barnes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Chas. B. Hoffman

(Address) 5508 Craigdu - Govans

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 9th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ____ 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 1 . 1936 to 1/7/36 . 19

I last saw her alive on 1/2/36 19 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Chronic Infec Arthritis	
b. Hypostatic Pneumonia	
c. Enteritis - Tuberculosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. E. Follin M. D.

(Address) 5703 Hartford Ave

M. D. B. 1268-9

F 19417

19417 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4511 Falls Road) 7-14 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Lee Kemp

U. S. Veteran

(a) Residence: No. 4511 Falls Road Ward. Specify War No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Anna H. Kemp

6. DATE OF BIRTH (month, day, year) Aug 15th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rosenthal Bros

10. Date deceased last worked at this occupation (month and year) Dec 28th 1935

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME ? Kemp

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Anna H. Kemp

(Address) 4511 Falls Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 10th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th , 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 , 1935 to Jan 8 , 1936

I last saw h alive on Jan 7 1936 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 12/29/35

Other contributory causes of importance: Exposure & Alcohol on Street

Name of operation None Date of

What test confirmed diagnosis Clinical there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Evans M. D.

(Address) 612 N Gay St

M. D. P. 1268-9

F 19418

19418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Ostend St., 21-2 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma M. Hardesty

(a) Residence: No. 1407 Ostend St., Ward. No Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of: Richard C. Hardesty

6. DATE OF BIRTH (month, day, year): July 5th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5 6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: William F. Murr

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): William C. Hardesty 1147 Cleveland St

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Date: Jan 9th 1936

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/3/36 1936 to 1/6/36 19..

I last saw h[illegible] alive on 1/6/36 19.. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mell. 4 days	(3 yr
nitral Regurg.	

Other contributory causes of importance:

Bronchopneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Fernand A Terry M. D.

(Address) 9 W Lanvale

M. D. F. 1938-9

F 19419

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19419

CERTIFICATE OF DEATH

✓ 164-a

25-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2362 Washington Blvd. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert S. Burrier

(a) Residence: No. 2362 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Burrier

6. DATE OF BIRTH (month, day, year) September 16, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Hopkins Hosp.

10. Date deceased last worked at this occupation (month and year) August 20, 1935

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Millard Burrier

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Scott

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Lillian Burrier
(Address) 2362 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 9 1936

19. UNDERTAKER Joseph A. Koob
(Address) 1006 E. Baltimore St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h Inquiry alive on 19 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poison	Jan. 6th 1936

Other contributory causes of importance:

Mental Depression

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury took can off gas pipe

Nature of injury Gas Poison

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson ave.

F 19420

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19420

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Eutaw Pl. St. 11-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christopher H. R. Woodward

(a) Residence: No. 1310 Eutaw Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ann Holchkiss Parshall

6. DATE OF BIRTH (month, day, year) May 31 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME Reynal T Woodward

14. BIRTHPLACE (city or town) (State or country) A.A. Co Md

MOTHER

15. MAIDEN NAME Mary Raborg

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elijah Woodward
(Address) New York City

18. BURIAL, CREMATION, OR REMOVAL
Place Millersville A.A. Co. Md Date Jan 10, 1936

19. UNDERTAKER Henry H. Tinkpaugh Son & Co
(Address) 2 E. Fayette & Calvert Sts

20. FILED ... 19... ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1936, to Jan 8th 1936

I last saw him alive on Jan 8th 1936. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1934
Pulmonary Oedema	Jan 1936

Other contributory causes of importance:

Chronic Nephritis
Arteriosclerosis

Name of operation a Date of ...

What test confirmed diagnosis? ... Was there an autopsy? a

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? a
If so, specify ...

(Signed) J. A. Chabard, M. D.

(Address) 1326 N. Calvert St

F 19421 F 19421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 106 E. Hughes St., 22-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 16 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR ....

2. FULL NAME John W. Colbourne
(a) Residence: No. 106 E. Hughes St., Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Colbourne

6. DATE OF BIRTH (month, day, year) Sept. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City
10. Date deceased last worked at this occupation (month and year) 5 yrs. ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER
13. NAME Wm. Colbourne
14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER
15. MAIDEN NAME Henrietta Weston
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Elizabeth Colbourne 106 E. Hughes St.,

18. BURIAL, CREMATION, OR REMOVAL
East New Market Cem. Date Jan. 10, 1936
Dorchester Co. Md.

19. UNDERTAKER (Address) John J. Denny 715 Light St.

... 19 ... Registrar.

C 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936 to Jan 7, 1936
I last saw him alive on Jan 7 1936 Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis & Heart with terminal pneumonia — Date of onset ....

Other contributory causes of importance: ....

Was an operation performed? no Date of ....
For what disease or injury? no
Name of operation no Date of ....
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) W. Warner Wachs M. D.
(Address) 827 Light St.

M. D. B 1268-9

F 19422

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19422

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Hornick

(a) Residence: No. 114 S. Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Stephen Hornic

14. BIRTHPLACE (city or town) (State or country) Hungery

MOTHER

15. MAIDEN NAME Helben Notknown

16. BIRTHPLACE (city or town) (State or country) Hungery

17. INFORMANT Paul Mikso

(Address) 114 S. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 1/9, 1936

19. UNDERTAKER John F. Cowan & Son

(Address) 901 Pennsylvania Ave

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: Probably Tuberculosis of Lungs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. H. Mellon M. D.

(Address) 2737 N. Howard St. Coroner

M. D. B. No. 19423 F 19423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 S. Dallas St. 3-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Brooks

(a) Residence: No. 244 S. Dallas St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Oliver

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lonely Lotner

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert County (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emma C. Brooks

(Address) 244 S. Dallas

18. BURIAL, CREMATION, OR REMOVAL National Cem Date 1-9 1936

19. UNDERTAKER Barnard P. Hensley

(Address) 215 Lund Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and from information received from relatives and friends, I have knowledge that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. V. Wright M. D. Coroner

(Address) 1010 S. Ellwood Ave

F 19424

MED B F 19424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME June Felton

(a) Residence: No. 209 Calvin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 2-1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Felton

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lillian Harris

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lillian Harris
(Address) 209 Calvin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 9 1936

19. UNDERTAKER Robert F. Miller
(Address) 1515 Pennsylvania Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis Meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ... Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ....

(Signed) Carl Schaefer M. D. Coroner

(Address) 1916 E. Fort Ave.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F 19425

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19425

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Valley St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John McCann

If U. S. Veteran specify WAR None

(a) Residence: No. 1313 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The Late Ellen Dillon McCann

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 64 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman Sewer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning Dept. City

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick McCann

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mc Cann Daughter

(Address) 1313 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan 16 1936

19. UNDERTAKER Edmund W. Conklin

(Address) 524 E. Eager St.

20. FILED ... 19... ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 05 to Jan 7 1936

I last saw him alive on Jan 7 1936 Death is said to have occurred on the date stated above at 3308 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Generalized	?
Chronic Nephritis	?
Interstitial Nephritis	?
Other contributory causes of importance Anaemia Cause	1/6/36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. A. Geraghty M. D.

(Address) 10 E Read St

F 19426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. F 19426

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Kane

(a) Residence: No. 1714 Llewlyn Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Kane

6. DATE OF BIRTH (month, day, year) Exact Date Unknown 1883

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rag Shop Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's County Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Son) Irvin Kane

(Address) 1714 Llewlyn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec. 19 36

19. UNDERTAKER Robert F. Young & Sons

(Address) 604 N. Caroline St

20. FILED JAN 9 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/6 1936 to 1/7 1936

I last saw him alive on 1/7 1936 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 5

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reis M. D.

(Address) Balto City Hosp

F 19427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140-107a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Dover St., 19-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelia K. Mary Booser

(a) Residence: No. 1910 Dover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Randall Booser

6. DATE OF BIRTH (month, day, year) Sept 12, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER FATHER

13. NAME Koch

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Wm Randall Booser
(Address) 1910 Dover St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 10, 1936

19. UNDERTAKER Harry H Whitacre
(Address) 1401 Edmondson Ave

20. FILED Jan 10, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1936

22. I HEREBY CERTIFY, That I took charge of the above case at the time and from the evidence obtained by (Inquest, Autopsy or Inquiry) inquest - autopsy found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(self induced)	
Incomplete abortion	
generalized peritonitis	

Other contributory causes of importance: Lobular pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Wright M. D.
Coroner

(Address) 1810 S. Edward Ave

F 19428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St St. 10-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth F. Ache

If U. S. Veteran specify WAR .....

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 1st. 1860 Toronto Canada

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailoress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Ache

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rinner Hauberich

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas, Sup.
(Address) 1200 - Valley St. Balt. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 10, 1936

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED Jan 10 1936 Huntington [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7- 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1935 to Jan 7 1936.

I last saw her alive on Jan 5th 1936. Death is said to have occurred on the date stated above, at 7:03 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset (about)
Obliterating Endarteritis	Dec 20 1934
right foot	

Other contributory causes of importance:

Arteriosclerosis

Chr Endocarditis.

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation Phys. Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. McCarthy, M. D.

(Address) 1114 Hartford Ave

F 19429

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19429

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No.) West Balto General 1525 St., (Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Mrs. Yetta Friedman

(a) Residence: No. 4132 Pimlico Rd. St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Morris Friedman

6. DATE OF BIRTH (month, day, year) May 17, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	67	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sidney Sacks

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman J. Friedman

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Herring Run 1-9-36 19

19. UNDERTAKER Jos. Levi Sons

(Address) 1439 E. Balto St

20. FILED 1-9-1936 [illegible] Registrar

D - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 19 36

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1935 to Jan 8 1936

I last saw her alive on Jan 4 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio sclerosis	?
Bronchopneumonia	1/3/36
Other contributory causes of importance:	
Diabetes Mellitus	?

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation None Date of ____

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) George Schochet, M. D.

(Address) West Balto Gen. Hosp.

C. D. B 1268-9

F 19430

19430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓107-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 26-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Greaver

If U. S. Veteran specify WAR .....

(a) Residence: No. 3328 Noble St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 5 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
- 0 -	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME William Greaver

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Maria Rasselais

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT William Greaver
(Address) 3328 Noble St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1-10-36 19

19. UNDERTAKER Wendell & Humphreys
(Address) 1501 N. Broadway

20. FILED JAN 10 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Capillary Bronchitis	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1912 E. North Ave.

431 Herman A Hamlin F 19431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 12-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Herman A. Hamlin

(a) Residence: No. 240 West 58th St., N.Y.C. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 0020

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 10-1-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Helsingfors Finland

FATHER

13. NAME Abel Hamlin

14. BIRTHPLACE (city or town) (State or country) Helsingfors Finland

MOTHER

15. MAIDEN NAME Ross ?

16. BIRTHPLACE (city or town) (State or country) Helsingfors Finland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date 1-9-36 19

19. UNDERTAKER Wendell E. Humphreys
(Address) 1501 Broadway

FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1935, to January 5, 1936

I last saw him alive on January 5, 1936 Death is said to have occurred on the date stated above, at 11:32 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonic Tuberculosis	Over 6 mo.
Laryngitis, tuberculous	"
Other contributory causes of importance:	
Tuberculosis of intestine	"
Arteriosclerosis, general	Unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) U.S. Marine Hospital

F 19432

F 19432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Southway St. 12-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose G. Thomas

If U. S. Veteran specify WAR no

(a) Residence: No. 410 Southway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norbourn A. Thomas

6. DATE OF BIRTH (month, day, year) March 27, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Henry Eullenkemp

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Eliz. Weinekemp.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Miss Cornelia Thomas
(Address) 410 Southway

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 1/10 1936

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights Ave

20. FILED ... 19... Registrar.

JAN 9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1932 to Jan. 6 1936

I last saw h[illegible] alive on Jan 4 1936. Death is said to have occurred on the date stated above, at 11.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	32

Other contributory causes of importance: Interstitial nephritis — 1932

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. ...

25. (Signed) C. L. Long M. D.
(Address) 415 Southway

F 19433

F 19433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1623 Division St St. 14-2 Ward

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David L. Robinson

(a) Residence: No. 1623 Division St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary A. Robinson

6. DATE OF BIRTH (month, day, year) 7-1-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Robinson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriet Robinson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary A. Robinson (wife)

(Address) 1623 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date 1-10-36

19. UNDERTAKER John M. Johnson

(Address) 1700 Eutaw Pl.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7" 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/30 1935 to 1-7 1936

I last saw him alive on 1-6 1936 Death is said to have occurred on the date stated above, at 1:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (1)	12-30-35
Other contributory causes of importance:	
Chronic Interstitial Nephritis	?
Arterio-Sclerosis	?
Diabetes NO	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Raymond Thorne M. D.

(Address) 1500 E. Madison St

F 19434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19434

CERTIFICATE OF DEATH

V 72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Kenwood Ave 7-2 Ward)

Length of residence in city or town where death occurred 50 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia W. Kline.

If U. S. Veteran specify WAR .....

(a) Residence: No. 524 N. Kenwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of Curtis H. Kline.

6. DATE OF BIRTH (month, day, year) Aug 28. 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 10 3

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John B. Nies.

14. BIRTHPLACE (city or town) (State or country) Prus.

MOTHER

15. MAIDEN NAME Fredricka. Schulte.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. John. Momberger (Sister)
(Address) 524 N Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Emanuel Cem Date 1-12-36

19. UNDERTAKER Bernard C Harlr
(Address) 121 E. Mad St

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jun. 9th. 36

22. I HEREBY CERTIFY, That I attended deceased from Oct 1-35 19... to Jan 9-36 19...

I last saw her alive on Jan. 18-36 Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Syphilis-Myocarditis	1935
Cachexia	

Other contributory causes of importance:

Chronic Interstitial Nephritis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frederick W Harrigan M. D.

(Address) 1710 E 33rd St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19435

F 19435 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 207-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. N. Md R.R. tracks, Mount Winans, 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 23 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John W. Stine.

(a) Residence: No. 2200 Elmira Ave. Mount Winans. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married HUSBAND of Cindey L. Stine.

6. DATE OF BIRTH (month, day, year) May 1e, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lamp lighter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ------ Stine.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Rose Lyle.

16. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

17. INFORMANT Cindey L. Stine. (wife)
(Address) 2200 Elmira Ave. Mount Winans.

18. BURIAL, CREMATION, OR REMOVAL
Place Western. Date 1-9th 1936

19. UNDERTAKER Bernard C Harker
(Address) 121 E. West St.

20. FILED 19 Permit Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19. Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Decapitated.
struck and run over by a
B. Md. R. R. Engine. Occidental death

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner
1/7/36 (Address) 1017 E. Charles St.

F 19436

F 19436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore Gen. Hospital — Registered No. 210-M

CITY OF BALTIMORE: (No. ..... St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs ..... mos. ..... ds.

2. FULL NAME Pauline D. Meyer — If U. S. Veteran specify WAR .....

(a) Residence: No. 403 S. Collington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Meyer

6. DATE OF BIRTH (month, day, year) Sept 2-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12/33	

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Caroline Meyer

(Address) 403 S. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Jan 9th 1936

19. UNDERTAKER George G. Weber

(Address) 703 E. Lanvale St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7-1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Rt tibia (comp)	12/26/35
" Rt clavicle	

Other contributory causes of importance:

Hypostatic Pneumonia	1/1-36?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/26 1935

Where did injury occur? 1101 Key Highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On sidewalk

How injury occurred Automobile skidded on wet street

Nature of injury deceased

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Tilley M. D.

Coroner

(Address) 5142 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

19437 F 19437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 South Ann Street St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 52 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bregida Gasior

(a) Residence: No. 115 South Ann Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND OF~~ WIFE OF The Late Joseph Gasior

6. DATE OF BIRTH (month, day, year) Sept 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Wawrzyniec Drozd

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frances Wilk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Catherine Gasior (Daughter)
(Address) 115 South Ann Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date Jan, 10th 1936

19. UNDERTAKER George A. Weber
(Address) 705 E ann street

20. FILED ..... 19 ..... Registrar.

JAN 9 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from December 24 1934 to January 6 1936

I last saw h Et alive on January 6 1936 Death is said to have occurred on the date stated above at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) HYPERTENSIVE, ARTERIOSCLEROTIC, CARDIO-VASCULAR DISEASE	Jan, 1934
2) TERMINAL BRONCHIAL PNEUMONIA	1/3/36 TO 1/6/36
Other contributory causes of importance: CHOLELITHIASIS	FEB. 1935

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation None Clinical Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Krenga M. D.

(Address) 209 S. Chester St

F 19438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19438

CERTIFICATE OF DEATH

✓ 205-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Jorden

If U. S. Veteran specify WAR .....

(a) Residence: No. 405 N. Fremont Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Jorden

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0014

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Jorden

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth NotKnown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Julia Jorden

(Address) 405 NFremont Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date Jan 11th 1936

19. UNDERTAKER Edw J O'Brien

(Address) 1101 Baltimore

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Jan 4, 1936

Where did injury occur? Pier 3 Canton, Balto.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place (Public Place, Industry

Manner of injury Struck by Crane

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injury while working

(Signed) H. O'Neill M. D.

Coroner

(Address) 2737 Hudson

OCCUPATION is very important. See instructions on back of certificate.

A&P C. M. 1908

19439 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19439

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH Franklin Lyn. Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 21-1 Ward)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 4 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ambrose J. Sadler

(a) Residence: No. 1202 Warner St St., C Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Sadler

6. DATE OF BIRTH (month, day, year) May 4th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black Smith's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Black Smith Shop

10. Date deceased last worked at this occupation (month and year) Dec 30 1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Sadler Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Anna L Keys

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Elizabeth Sadler
(Address) 1202 Warner St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date 1/11 1936

19. UNDERTAKER Towell & Myers, Inc.
(Address) 1017 W Cross St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 8. 1936

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1936 to January 8. 1936
I last saw him alive on January 8 1936 death is said to have occurred on the date stated above, at 8.49 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia post influenzal. — Date of onset ?

Other contributory causes of importance:

Alcoholism ?

Name of operation — Date of —

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D. J. Battaglia M. D.

(Address) Franklin Lyn. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 3268-9

✓ F 19440

F 19440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Baker St., 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. F. Williams

U. S. Veteran Yes

(a) Residence: No. 2421 Baker St., Ward. Specify War World

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, ~~Married, Widowed or Divorced~~ (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 26th 1889

7. AGE: Years 46 | Months 4 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lather

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building

10. Date deceased last worked at this occupation (month and year): 1927

11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): London Co Va

FATHER

13. NAME: Cornelius F. Williams

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Virginia Anderson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Cornelius B. Williams

(Address) 3215 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: K.S. Natl (Balto Md) Date: Jan 11th 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED: Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from December 28 1935 to Jan 7th 1936

I last saw him alive on Jan 7th 1936. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933
Other contributory causes of importance:	
Cirrhosis of the Liver	July 1935
Alcoholic Intoxication	Dec 1935

Name of operation: Bronchoscopy Date of

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Williams M. D.

(Address) 1701 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 19441

19441 HEALTH DEPARTMENT—CITY OF BALTIMORE

34-95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital. (Ward) 21-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter B. Eckhardt.

(a) Residence: No. 1109 Denver St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) April 12, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman. 162

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 1928

11. Total time (years), spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Willian Eckhardt.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Zinner.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Willian Lohrman.

(Address) 407 Rosecroff Terrace.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 9th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease.	
	about

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Otto U. Reinhardt, M. D. Coroner

1/8/36 (Address) 1017 E. Charles St.

F 19442

HEALTH DEPARTMENT—CITY OF BALTIMORE

19442

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2714 Chesterfield Ave St., 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wallace Lee Dorsey

If U. S. Veteran specify WAR none

(a) Residence: No. 2714 Chesterfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ruth M. Dorsey

6. DATE OF BIRTH (month, day, year) Jan 15 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29 28	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cab Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diamond Cab Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Oden Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella King

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ruth M. Dorsey
(Address) 2714 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Earlwood Date 1/9/36 19

19. UNDERTAKER Philip Young Sons
(Address) 2016 Eutaw St

20. FILED ... Registrar

1936

KMH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1935 to Jan 6 1936

I last saw h[illegible] alive on Jan. 6 1936 Death is said to have occurred on the date stated above, at 6.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis with hypertension.	
Other contributory causes of importance: Acute dilatation of heart	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Wm J Kraft M. D.

(Address) 701 N. Kenwood Ave.

F 19443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19443

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 716 Linden Ave, St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colrad	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margie Johnson

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer P.W.A. (Balto City)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1940

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) James Island South Carolina

FATHER

13. NAME Zachs John

14. BIRTHPLACE (city or town) (State or country) ~~South~~ South Carolina

MOTHER

15. MAIDEN NAME Linda

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Margie Johnson

(Address) 716 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 9, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder Ste.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	Jan 2 1936

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Probably accident Date of injury Jan 3, 1936

Where did injury occur? Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Probably sidewalk Mulberry & Arlington Ave

Manner of injury Fall on ice

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Wright Coroner, M. D.

(Address) 1010 E. Fallsway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

19444

✓ F 19444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-3-116

1. PLACE OF DEATH

Registered No. _____

CITY OF BALTIMORE: (No. Bolton City Hospitals St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Cornelius Clark

If U. S. Veteran specify WAR

(a) Residence: No. 900 Sterling St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
about 50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office House keeper York Rd

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) St Marys Co Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Anna Clarke

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

17. INFORMANT Ellen Turner

(Address) 1746 Mc Elderry Ln.

18. BURIAL, CREMATION, OR REMOVAL

Place U of Md Med School Date Jan 9 , 19 36

19. UNDERTAKER

(Address)

20. FILED ___, 19___ Registrar

2006 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Starvation	

Other contributory causes of importance: Probably Structure of Oesophagus

Was an operation performed? ___ Date of ___

For what disease or injury?

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) H. W. Wright M. D.
Coroner

(Address) 1010 S. Edwards Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

19445

F 19445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Berger

(a) Residence: No. 529 S. Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 1089

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Unknown

FATHER

13. NAME — "

14. BIRTHPLACE (city or town) (State or country) — "

MOTHER

15. MAIDEN NAME — "

16. BIRTHPLACE (city or town) (State or country) — "

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med School Date Jan 9 19..

19. UNDERTAKER

(Address)

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1933

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained, by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	

Other contributory causes of importance:

no history

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~If so, specify~~

(Signed) W. W. Wright, M. D. Coroner

(Address) 1010 S. Charles Street

OCCUPATION is very important. See instructions on back of certificate.

THE MORGUE 2004

M. D. B 1268-9

✓ F 19446

19446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospital St. 710 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Nullet

If U. S. Veteran specify WAR ...

(a) Residence: No. None St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) ... (State or country) ...

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) ... (State or country) ...

17. INFORMANT ...

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Md. Medical School Date Dec 30, 1935

19. UNDERTAKER Department of Health.

(Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partially Starvation	

Other contributory causes of importance: Chronic alcoholism

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. W. Wright M. D. Coroner

(Address) 1613 S. Edmondson Ave

2003 THE MORGUE

M. D. H. 1268-9

F 19447

19447 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. found in unoccupied home 438 S. Caroline St. 3-1 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Lorber

(a) Residence: No. none St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	about 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT _____
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 19__

19. UNDERTAKER _____
(Address)

20. FILED _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found dead Jan 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably exposure	
Other contributory causes of importance: Chronic alcoholism	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. W. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

THE MORGUE APR 2002

F 19448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

Registered No. 13-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2317 Madison Ave St., Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Wesley Page

(a) Residence: No. 2317 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Hayes

14. BIRTHPLACE (city or town) (State or country) Catonsville Md

MOTHER

15. MAIDEN NAME Dorothy Page

16. BIRTHPLACE (city or town) (State or country) Catonsville Md

17. INFORMANT (Mother) Dorothy Page

(Address) 2317 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 9 '36 19

19. UNDERTAKER Mrs Ida H. Holland

(Address) 1631 Druid Hill Ave

20. FILED Jan 9 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jany 1, 1936 to Jan 8, 1936

I last saw him alive on Jan 8, 1936 Death is said to have occurred on the date stated above, at 5:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 1

Other contributory causes of importance:

Congenital Hydrocephalus

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Bullard Higgins M. D.

(Address) 2245 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19449

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1239 Linwood Ave. St., N 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Willard Warner Jr.

(a) Residence: No. 1239 Linwood ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 8 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Willard Warner

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Helen Walker

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Mrs. Willard Warner
(Address) 1239 Linwood ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Date Jan 10. 1936

19. UNDERTAKER Hawkins & Goss.
(Address) Baltimore, Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest final that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schaefer, M. D.
Coroner

(Address) 1919 E. Baltimore ave.

OCCUPATION is very important. See instructions on back of certificate.

19450 F 19450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 S. Gilmore St., 14-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Casimp

(a) Residence: No. 401 S Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER

13. NAME Joseph Casimp

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Mollie Pranowitz

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Catherine Morowitz
(Address) 1545 Lombard

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 10 1936

19. UNDERTAKER Fally & Zuleski
(Address) 402 S Wolfe

20. FILED [illegible] 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1935 to Jan 8 1936

I last saw him alive on Jan. 7 1935 Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset unknown

Other contributory causes of importance:

Old chest deformity (from infantile Poliomyelitis)

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Racusin M. D.

(Address) 206 S. Gilmor Street

OCCUPATION is very important. See instructions on back of certificate.

V S 3

19451 1868-9

✓ F 19451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Pronounced dead on arrival at West Balt. Hospital

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Abington ave. 720-6th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Maughan

U. S. Veteran

(specify WAR)

(a) Residence: No. 2 Abington ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter Maughan Sr.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mildred Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Mildred Maughan

(Address) 2 Abington ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Jan. 10- 1936

19. UNDERTAKER Charles J. Schwab.

(Address) 505 N. Monroe St.

20. FILED [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Person and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, about 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Cervical Vertebrae (Broken Neck)	

Other contributory causes of Importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 7. 1936

Where did injury occur? Balt. City

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fell through cellar door

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 215 Hanover

19452 HEALTH DEPARTMENT—CITY OF BALTIMORE 19452

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 11-3 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucille K. Lawson

(a) Residence: No. 832 Hamilton Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dead.

6. DATE OF BIRTH (month, day, year) 12/31/70.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operated rooming house

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 6

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

FATHER

13. NAME Alonzo Kennard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria Colee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 10 . 1936

19. UNDERTAKER John Ulrich
(Address) 2008 Eutaw St.

20. FILED 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/12 . 1935 to 1/8 . 1936

I last saw her alive on 1/8 . 1936 Death is said to have occurred on the date stated above, at 6 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Diabetes mellitus	?

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert C. Reitz M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 19453

19453 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Francis Mc Menamin

(a) Residence: No. Box 2 Hampden P.O. Druid Hill Park St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth M. Mc Menamin

6. DATE OF BIRTH (month, day, year) Sept 5 — 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of Reservoirs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Dominick Mc Menamin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary R. Mc Menamin (Address) Druid Hill Park

18. BURIAL, CREMATION, OR REMOVAL Nat'l Cem. Wash. D. C. Date Jan 11th 1936

19. UNDERTAKER Chas. F. Wood & Son (Address) 118 W. Mt. Royal Ave

20. FILED JAN 13 1936 Registrar

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8th 1936 to Jan 8th 1936

I last saw him alive on Jan. 8th 1936 Death is said to have occurred on the date stated above, at 8:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (right)	1/8/36
Other contributory causes of importance: Diabetes Mellitus	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raised F. Long M. D.

(Address) Union Memorial Hosp

OCCUPATION is very important. See instructions on back of certificate.

✓ F 19454

19451 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Callow Ave. St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME FREDERICK KOERBER

(a) Residence: No. 2123 Callow Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Koerber

6. DATE OF BIRTH (month, day, year) Nov. 25, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Koerber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Stein

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Dora Koerber
(Address) 2123 Callow Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 10, 1936

19. UNDERTAKER John Ulrich
(Address) 2007 Eutaw St.

20. FILED 1936 (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1935, to Jan. 8, 1936

I last saw him alive on January 8, 1936. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	July 1935

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. W. Bodemann, M. D.

(Address) 8 East Read Street.

OCCUPATION is very important. See instructions on back of certificate.

19455 ✓ F 19455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1460 Battery Ave) (Ward) 14-B

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Mary E. Schmuck

(a) Residence: No. 1460 Battery Ave Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Schmuck | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (Write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Sept. 15 1889

7. AGE: Years 46 | Months 3 | Days 24 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Saleslady.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fr. Sty. 467

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Geo J. Schmuck

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Louise P. Bopp.

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Gertrude Schmuck

(Address) 1460 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross A & Co. Date 1-11-36

19. UNDERTAKER: Bernard C. Harde

(Address) 121 E. West St.

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 to Jan 8 1936

I last saw her alive on Jan 8 1936 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Yrs

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, state ____

(Signed) C. M. Kelly M. D.

(Address) 1919 William St

OCCUPATION is very important. See instructions on back of certificate.

F 19456

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19456

CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1710 Guilford St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Bull

(a) Residence: No. 1710 Guilford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie E. Foreman Bull

6. DATE OF BIRTH (month, day, year) Oct 22 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 3009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) July 31 1935

11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Bull

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maggie Wright

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sadie E. Bull

(Address) 1710 Guilford ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Jan 11, 1936

19. UNDERTAKER Chas. Ps. Black

(Address) 142 W. Preston ave

FILED 1936 Registrar

KPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935 to Jan 8 1936

I last saw h.. alive on Jan 7 1936 Death is said to have occurred on the date stated above, at 3-27 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral sclerosis	1932
Cerebral hemorrhage	12/15/35

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? PE Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas C. Todd M. D.

(Address) 735 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

F 19457

19457 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St. 24-B Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Boy Thompson
If U. S. Veteran specify WAR
(a) Residence: No. 1014 William St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-8-36

7. AGE Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Stephen Thompson
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Catherine
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan 10 1936

19. UNDERTAKER Margaret G. Flynn
(Address) 1422 Light St.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-8-36 . 19 . to 1-9-36 . 19
I last saw him alive on 1-8-36 . 19 . Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown —	
Probably asphyxia from fractured skull —	
Other contributory causes of importance: fracture	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Francis K. Taylor M. D.
(Address) So. Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 19458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19458

210 G

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William A. Coleman — No War Record

(a) Residence: No. 1419 E. Ostend St., ... Ward. P. W. A. Worker

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mollie E. Coleman

6. DATE OF BIRTH (month, day, year) May 2nd 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. W. A.

10. Date deceased last worked at this occupation (month and year) Jan 6th 1936

11. Total time (years) spent in this occupation 2 mo

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Walter S. Coleman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Catherine Swanberg

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mollie E. Coleman

(Address) 1419 E. Ostend St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 10th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Mesentery	1-6-36
Intra abdominal Injury	
Crushed left Hand	

Other contributory causes of importance:

Name of operation Laparotomy Date of 1-6-36

What test confirmed diagnosis Oper Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

(Accident, suicide, or homicide) Acc Date of injury 1-6, 1936

Where did injury occur? Fremont Ave & Belair Rd

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

How injury occurred Operating car & Auto started pulling Tow Wagon & box car

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Bartley (Auto) Coroner, M. D.

(Address) 917 N Charles

F 19459

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19459

CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 E. North Ave Ward) 8-7

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Colley

If U. S. Veteran

(a) Residence: No. 2220 E. North Ave Ward. Specify War None

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~Wife~~ Margaret Colley

6. DATE OF BIRTH (month, day, year) Mar 11th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME John Colley

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Louise Mahle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret Colley

(Address) 2220 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 11th 1936

19. UNDERTAKER Wm Rost

(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-8-36, 19 , to 1-8-36 19

I last saw h alive on 1-8-36, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker - Coroner M. D.

(Address) 1919 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

JAN 13 1936

M. D. R. 1268-9

F 19460

F 19460 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Gorsuch Ave) (St.) (Ward) 9-5

Registered No. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sybilla B. Parker

(a) Residence: No. 1305 Gorsuch Ave St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~divorced~~ (or) ~~HUSBAND of~~ WIFE of Robert L. Parker

6. DATE OF BIRTH (month, day, year) Aug 14th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Lederer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Marie Stattner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Lederer

(Address) 2903 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 11 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 10 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4th 1936 to Jan. 9th 1936

I last saw h~~er~~ alive on Jan 4th 1936. Death is said to have occurred on the date stated above, at 1230a m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 1-4-36

Other contributory causes of importance:

Influenza — Date of onset 1-4-36

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. Byerly M. D.

(Address) 814 N. Howard St

V.S. 3

BIRTH CERTIFICATE IS PRIMA FACIE EVIDENCE OF THE FACTS STATED THEREIN

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 19461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 19461

CERTIFICATE OF DEATH

186a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Stephen A. Roney

(a) Residence: No. 1010 E. Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Roney

6. DATE OF BIRTH (month, day, year) February 10 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Harford County Md.

MOTHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Melvin (Address) 1010 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Jan 11th 1936

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture neck of right femur	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 1-7 1936

Where did injury occur? Chase St - Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell to pavement

Nature of injury Fracture of Right Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 6

F 19462 ✓ F 19462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 Ethel St. 13-3 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jerry Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 2441 Ethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda Butler

6. DATE OF BIRTH (month, day, year): 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General 0049

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prince George Co Md

FATHER

13. NAME: Jerry Butler Sr.

14. BIRTHPLACE (city or town) (State or country): Prince George Co Md

MOTHER

15. MAIDEN NAME: Caroline Brooks

16. BIRTHPLACE (city or town) (State or country): Prince George Co Md

17. INFORMANT (Address): Matilda Butler 2441 Ethel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/10 1936

19. UNDERTAKER (Address): V. A. Brooks 1463 N. Carey St.

20. FILED ..... 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/11 1935 to 1/6 1936

I last saw h[illegible] alive on 1/2 1936. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
Aortic Insufficiency	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, state how .....

(Signed) B. A. Rutter, M. D.

(Address) 2134 N. H. St.

OCCUPATION is very important. See instructions on back of certificate.

F 19463

F 19463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred G. Reinera If U. S. Veteran specify WAR World War

(a) Residence: No. Ridge Road Fullerton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret N. Reinera

6. DATE OF BIRTH (month, day, year) Dec. 1st 1893

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
42	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Co. Fire Dept.

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME Henry Reinera

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Margaret N. Reinera
(Address) Fullerton Md.

18. BURIAL, CREMATION, OR REMOVAL
Pearwood Cemetery Date Jan. 11 1936

19. UNDERTAKER Frederick Edgeton Sons
(Address) 1401 Edgar Road

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber M. D.
Coroner
(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 19464 ✓ F 19464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Retreat St., 13 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Murr, If U. S. Veteran specify WAR .....

(a) Residence: No. 1527 Retreat St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lidia R. Murr,

6. DATE OF BIRTH (month, day, year) September 12, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year) About 1915

11. Total time (years) spent in this occupation 10 Yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob Murr,

14. BIRTHPLACE (city or town) (State or country) Penna,

MOTHER

15. MAIDEN NAME Lena Wiegner,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Ferdinand F. Snyder (Address) 1527 Retreat St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date JAN 13 1936

19. UNDERTAKER Robert S. Tittle (Address) 2700 Edmondson Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 9 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw him alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Myocarditis	Jan 2
Endocarditis	Jan 2

Other contributory causes of importance:

over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) A. Ed. Magruder M. D.

(Address) 1794 Bank St

OCCUPATION is very important. See instructions on back of certificate.

F 19465

F 19465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51-B

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Von Kapff

If U. S. Veteran specify WAR .....

(a) Residence: No. Hartman Rd. Stebbings Ward. Towson Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Annie S. Brown

6. DATE OF BIRTH (month, day, year) 1/8/54

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1886

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frederick von Kapff

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Anne Smith

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Reads -

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jan 11 1936

19. UNDERTAKER Henry N. Jenkins Sons

(Address) N. Charles & Orchard

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1935 to Jan 9 1936

I last saw him alive on Jan 9 1936 Death is said to have occurred on the date stated above, at 1 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary Carcinoma of Bladder.	1 yr
Vesical stone. ?	? Years
Pyonephrosis. ?	?

Other contributory causes of importance:

Was an operation performed? Yes Date of June 1935

For what disease or injury? Papillary Carcinoma of Bladder

Name of operation Excision of Bladder tumor Date of June 25

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wesley D. Keltz. M. D.

(Address) Johns Hopkins Hosp.

JOHNS HOPKINS HOSPITAL

JAN 10 1936

V S 3

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19466

F 19466 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-5-179

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Carpenski Jr.

(a) Residence: No. 4522 Curtis Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 21, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew Carpenski Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Levandoski.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary Carpenski.(mother)
(Address) 4522 Curtis Ave.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place St. Stanislaus Date I/II/36 19

19. UNDERTAKER M. F. Sadowski & Sons
(Address) 1804 Eastern Ave.

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Oil of Wintergreen poisoning.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/8/36 19...

Where did injury occur? 452 Curtis Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of Injury Drank Oil of Wintergreen.

Nature of Injury poisoning.

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

Signed Albert Leinhardt, M. D.
Coroner

1/9/36 (Address) 1017 E. Charles st.

OCCUPATION is very important. See instructions on back of certificate.

F 19458

F 19467

307348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Sandler

(a) Residence: No. 1309 E North ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-20-11

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	24	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ODOC

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Abraham Sandler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie Sandler

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date Jan 10, 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1935 to Jan 9, 1936

I last saw her alive on Jan 9, 1936 Death is said to have occurred on the date stated above, at 7.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	1 yr

Other contributory causes of importance:

Hypertension

Cardiac decompensation

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edw B Grossman M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JOHNS HOPKINS HOSPITAL

APR 10 1936

F 19468 F 19468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH Bellona

CITY OF BALTIMORE: (No. 5912 Belona ave, St., 27-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Gardner Bellona

If U. S. Veteran specify WAR

(a) Residence: No. 5912 Belona ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Gardner

6. DATE OF BIRTH (month, day, year) Dec. 23-1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	-	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis V. Bonn.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Kate Owen,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John R. Gardner,
(Address) 5912 Bellona ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan. 11, 1936

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St.

20. FILED , 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to Jan 8, 1936.

I last saw her alive on Jan 8, 1936. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma + Gangrene back of R Ear	

Other contributory causes of importance:

Diabetes

Was an operation performed? None other than Gangrene back of Ear Date of Jan 4-1936

For what disease or injury?

Name of operation Incision + Drainage Date of Jan 4-1936

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. S. Carman M. D.

(Address) 1701 N. Carolina ave

F 19469

F 19469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6302 Mayflower Rd. (Ward) 27-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 81 yrs. 11 mos. 11 da. How long in U. S. If of foreign birth 81 yrs. 11 mos. 11 da.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Emma Virginia Barnett

(a) Residence: No. 6302 Mayflower St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles I. H. Barnett

6. DATE OF BIRTH (month, day, year) Jan 27 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER FATHER

13. NAME Thos. McMillan

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Mary A. Clark

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT (Address) Mrs Melvyn Abrahams (Daughter) 6302 Mayflower Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Walbrook Cem. Date Jan 16 1936

19. UNDERTAKER (Address) Stewart & Company 108 W. Mt. Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 35 to Jan 7 1936

I last saw h alive on Jan 6 1936 Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

Epithelioma right frontal region & Carcinoma involving orbit

Date of onset unknown

Other contributory causes of importance:

Hypostatic Congestion

Jan 4 36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Course Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Darby M. D.

(Address) 817 Medical Arts Bldg

NOV 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19470

F 19470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 2-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Robertson

If U. S. Veteran specify WAR

(a) Residence: No. 1930 Alicanna St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Robertson

6. DATE OF BIRTH (month, day, year) February 11 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles A. Coates

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bridget Kelly

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Andrew Robertson

(Address) 1930 Alicanna St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 11 1936

19. UNDERTAKER John C. Miller

(Address) 2435 E. Oliver St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19471

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Peach St. 23-1 Ward)

Length of residence in city or town where death occurred 46 yrs. 7 mos. .. da. How long in U. S. If of foreign birth? .. yrs. .. mos. .. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Gross

(a) Residence: No. 1015 Peach St., .. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Wd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Gross

6. DATE OF BIRTH (month, day, year) Dec. 10 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	[illegible]	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Hetter

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Hair

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mary Gross (Address) 1015 Peach St

18. BURIAL, CREMATION, OR REMOVAL Place Johns Cem Date Jan 10 1938

19. UNDERTAKER Walter B Spriggs (Address) 1511 W Lanvale St

20. FILED .. 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5 1938

22. I HEREBY CERTIFY That I attended deceased (from Jan 5 1938 to Jan 7 1938

I last saw h.. alive on Jan 5 1938. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? NW Date of ..

For what disease or injury? ..

Name of operation .. Date of ..

What test confirmed diagnosis? .. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .. Date of injury .. 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..

Manner of injury ..

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased? ..

If so, specify ..

(Signed) D J Cannell M. D.

(Address) 109 W Hill St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Henrietta

F 19472

F 19472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 East St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Stewart.

(a) Residence: No. 106 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Stewart

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME — Trusty

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Frank Stewart
(Address) 418 n Dallas st

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 1/11 1935

19. UNDERTAKER Ernest Pile
(Address) 137 Hanover st

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1935, to Jan 8 1935

last saw h.. alive on Jan 8 1935 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Jan 7 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo. C. Callen M. D.

(Address) 50 Jas-quith st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19473

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Sherwood.

If U. S. Veteran specify WAR

(a) Residence: No. 829 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rag shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Chas. Sherwood.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sallie Ann Gray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 13, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Howard St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1933 to 1/9, 1936

I last saw him alive on 1/9, 1936 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3 wks.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert G. Reitz, M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

No. 1936

NTW

M. D. B. 1068-9

F 19474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19474

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 N. Calhoun St. Ward) 19-1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Buda Deloise Thomas

(a) Residence: No. 502 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Levant

6. DATE OF BIRTH (month, day, year) Dec 30-35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			10	9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt

FATHER

13. Name George Edward Thomas

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maria Elizabeth Dixon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Maria E. Thomas
(Address) 502 Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 10, 1936

19. UNDERTAKER Mrs Katie A Williams
(Address) 320 Lanvale St

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-9- 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1935 to Jan-9- 1936

I last saw her alive on Jan 6 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Edema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. S. Coleman M. D.

(Address) 2034 McCulloh

Information should be furnished by undertaker, and must be given by informant. Write plainly with pen and ink. Do not abbreviate. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19475

19475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Fayette St. St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert C. Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 520 Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Fabius Butler

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Carrie Marine

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ernest Butler

(Address) 126 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Jan 13, 1930

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder Ste.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry, thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to ... death on the day stated above at 4 a.m. 7 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Valvular heart disease

	Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Hearn, M. D.

Coroner

(Address) 17 E. Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19476

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19476

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 S. Dallas St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Randolph

If U. S. Veteran specify WAR

(a) Residence: No. 407 S. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William Randolph

6. DATE OF BIRTH (month, day, year) 5/30/1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

FATHER

13. NAME Wm. Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT William Randolph

(Address) 407 S. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/11/36 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 1082 W Montgomery St

20. FILED JAN 13 1936 Registrar

AT H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1935 to 1-8, 1936

I last saw her alive on 1-7, 1936 Death is said to have occurred on the date stated above, at 10:15 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	12-8-35
Other contributory causes of importance: Acute Peritonitis	1-1-36 P

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Wayne Brown M. D.

(Address) 1500 E. Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19477

19477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-T

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Brune St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melvin McClain

If U. S. Veteran specify WAR

(a) Residence: No. 521 Brune St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury N.C.

FATHER

13. NAME Peter James McClain

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Sarah McClain

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Attorney Benson

(Address) 521 Brune St.

18. BURIAL, CREMATION OR REMOVAL

Place Mt Olivet Date 11/10/35 19

19. UNDERTAKER Elson O Wilson

(Address) 1005 Edmondson Ave.

20. FILED . . 19 .

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said , find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above. 4 40 PM,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	1 week

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Hann, M. D.
Coroner

(Address) 1215 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19478

151-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19 W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Turner

(a) Residence: No. 1606 W. Lexington. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 3, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Terry.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Cora Turner

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U of M Med School Date Jan 10 19 36

19. UNDERTAKER Commissioner Health.

(Address) .....

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1936 to Jan 7, 1936

I last saw him alive on Jan 7. 1936. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atresia, oesophagus, congenital	Life
Tracheo-oesophageal fistula, congenital	Life
Pneumonia, aspiration	2 days
Other contributory causes of importance:	
Operation	1/6/36

Was an operation performed? Yes, gastrostomy Date of 1/6/36.

For what disease or injury? Atresia oesophagus.

Name of operation Gastrostomy Date of 1/6/36

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving Rosenbaum Jr., M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2010

F 19479

F 19479 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Gladden

(a) Residence: No. 1819 Cavanaugh Ln St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest John

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ethel Gladden

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ethel Gladden (mother)
(Address) No. 4 Cavanaugh Ln

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med School Date Jan 10 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1935, to Jan 7, 1936.

I last saw her alive on January 6, 1936. Death is said to have occurred on the date stated above, at 6:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity, (6½ months)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elizabeth L Langhelbig M. D.

(Address) Baltimore City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2909

H. D. B 1268-9

F 19480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19480

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N Spring St. 10-2 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Boardley

(a) Residence: No. 723 Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Boardley

6. DATE OF BIRTH (month, day, year) 1849

7. AGE Years 86 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Annie Boardley
(Address) 1223 E Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place U of M Med School Date Jan 10 19 36

19. UNDERTAKER [illegible]
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 21 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 12 - 21 . 1935 to 12 - 21 . 1935

I last saw him alive on 12 - 21 . 1935. Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Interstitial Nephritis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Miller Coroner . M. D.

(Address) 587 Cresmont Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19481

F 19481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-4 94-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 West Lombard St., St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia F. Becker

(a) Residence: No. 2525 West Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry A. Becker

6. DATE OF BIRTH (month, day, year) Sept. 11th. 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Otto G. Platt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Rugert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry A. Becker

(Address) 2525 West Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Jan. 11 1936

19. UNDERTAKER George L. Schwab

(Address) 2101 Fredrick ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) her death on the day stated above. 8, 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips M. D.

(Address) 1920 Edmondson Ave. Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vse

Spec.—9 30—A. & Co.—250 Bks.

19482 F 19482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

REGISTERED NO. 13-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 603 W. 33rd St. ... WARD)

2. FULL NAME Jennie F. Creswell

(a) RESIDENCE NO. Port Deposit Md ST. ... WARD Port Deposit Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cyrenius K. Creswell

6 DATE OF BIRTH (month, day, and year) April 28th 1872

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) Own home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Port Deposit, Md.

PARENTS

10 NAME OF FATHER James Fall,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Jane Gooding (Address) 603 W 33rd St. Balto.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 12th 36

17 I HEREBY CERTIFY, That I attended deceased from July 1935 to January 11th 1936

that I last saw her alive on January 11th 1936

and that death occurred, on the date stated above, at 8:40 P. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) A. S. Chalfant M. D.

Jan 16 1936 (Address) 6205 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holywell Cem Port Deposit Md. DATE OF BURIAL Jan 12 1936

20 UNDERTAKER E. A. Patterson ADDRESS Cockeysville Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 1936

19483 F 19483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St., Ward) ~~329~~

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr George F. Turner

If U. S. Veteran specify WAR .....

(a) Residence: No. 218 W. Lanvale St St., City Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word) Married

6a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Alice F Turner

6. DATE OF BIRTH (month, day, year) Aug 10, 1873

7. AGE Years 62 Months 4 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph F Turner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME V. Mumford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alice F Turner

(Address) 218 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 1/11 1936

19. UNDERTAKER Henry W Jenkins & Co

(Address) Asbury Mc Collet St

20. FILED ..... 19 ..... Registrar.

RAH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-6 1935 to 1-9 1936

I last saw him alive on 1-9-36. 19 . Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis & insufficiency	?
Other contributory causes of importance:	
arteriosclerosis	?
Hepatic Cirrhosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jared H. Hoe M. D.

(Address) Union Memorial Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 19484

19484 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 W Lanvale St., 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Louis Payne

(a) Residence: No. 1222 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

10. Date deceased last worked at this occupation (month and year) Oct 1934

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Hazelwood Va

FATHER

13. NAME Louis Payne

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Ann Robb

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Bettie Payne

(Address) 1222 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 14th 1936

19. UNDERTAKER Mrs Robert A. Elliott Daughter

(Address) 1129 Eastern Ave

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1—8—1936

22. I HEREBY CERTIFY, That I attended deceased from 1—7—1936 to 1—8—1936

I last saw him alive on 1—8—1936 Death is said to have occurred on the date stated above, at 10:45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-7-36
Other contributory causes of Importance:	
Arteriosclerosis and hypertension	unknown

Name of operation None Date of

What test confirmed diagnosis? physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank A Saunders M. D.

(Address) 1029 N. Stricker St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. R. 1268-9

19485

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 19485

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 N. Chapel St., 7-H Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Brown

(a) Residence: No. 947 N. Chapel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) Jan 6 — 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Ga.

FATHER

13. NAME Ben Brown

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Martha Brown wife

(Address) 947 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Md-Cadoney Cem Date Jan 12th 1936

19. UNDERTAKER Mrs Pat A. Curtis - daughter

(Address) 1129 Carolina St.

20. FILED . 19 .

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9 . 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8 . 1935 to Jan 9 . 1936

I last saw him alive on Jan 9 . 1936 Death is said to have occurred on the date stated above, at 5 3/4 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (1)	1/10/35
Apoplexy (2nd)	1/8/36
Other contributory causes of importance:	
Chr. Myocarditis	4/10/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Calvin B. Smith M. D.

(Address) 1132 N. Caroline St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

19486 HEALTH DEPARTMENT—CITY OF BALTIMORE 19486

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 E. 21st St. St., 9-8 Ward)

Registered No. 164-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Emma Irene Stallings

(a) Residence: No. 718 E. 21st St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
H[illegible] of
(or) WIFE of Joseph Nelson Stallings

6. DATE OF BIRTH (month, day, year) October 9-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bidwell
(State or country) Md.

FATHER

13. NAME Joseph R. Wiles

14. BIRTHPLACE (city or town) Bidwell
(State or country) Md.

MOTHER

15. MAIDEN NAME Sally Wood

16. BIRTHPLACE (city or town) Bidwell
(State or country) Md.

17. INFORMANT Joseph Nelson Stallings
(Address) 718 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 13 1936

19. UNDERTAKER Albert W. Kerney
(Address) 440 E. North Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1-9 1936

Where did injury occur? 718 E. 21st St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Tube in mouth connected to gas range

Nature of injury Carbon monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1918 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19487

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19487

CERTIFICATE OF DEATH

X ✓ 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred C. Jones

If U. S. Veteran specify WAR

(a) Residence: No. Chester Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jones.

6. DATE OF BIRTH (month, day, year) June 2, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Francis Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Higgins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Md. Date 1-12-36

19. UNDERTAKER C. B. Philpot & Son
(Address) 1300 Eutaw Place

20. FILED , 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1926

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1925, to 1-10, 1926.

I last saw him alive on 1-10, 1926. Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Anemia Sclerosis, Chronic myocarditis, Auricular fibrillation, Hydrothorax Ascites, Chro. Diff. Nephritis

Date of onset

Other contributory causes of importance:

Bronchopneumonia.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. W. Ramsay, M. D.
(Address) Maryland General Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 1936

17

F 19488

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19488

CERTIFICATE OF DEATH

176

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene 27-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Coale

If U. S. Veteran specify WAR .....

(a) Residence: No. 4420 Norwood Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of ~~(or WIFE of)~~ Katherine E Coale

6. DATE OF BIRTH (month, day, year): Nov 21 1872

7. AGE: Years 63 | Months 1 | Days 1920 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: coal

10. Date deceased last worked at this occupation (month and year): Jan 1932

11. Total time (years) spent in this occupation: about 40 yrs

12. BIRTHPLACE (city or town) (State or country): Portland Me USA

FATHER

13. NAME: Samuel Chase Coale

14. BIRTHPLACE (city or town) (State or country): Portland Me

MOTHER

15. MAIDEN NAME: Martha Watson

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Katherine E. Coale wife

(Address) 4420 Norwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Park Cemetery Date Jan 13 1936

19. UNDERTAKER: Chas. J. Clarke

(Address) 742 W. Lafayette Ave

20. FILED ..... 19 .....

Registrar

JAN 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1935 to Jan. 10 1936

I last saw him alive on Jan 10 1936. Death is said to have occurred on the date stated above, at 9.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Broncho Pneumonia	
Chronic Pancreatitis	
Chronic Cholecystitis	

Other contributory causes of importance:

Obesity

Was an operation performed? yes Date of Jan 6, 1936

For what disease or injury? Cholecystitis - Lithiasis

Name of operation Cholecystotomy Date of Jan 6/36

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. M. Robinson Jr. M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 2

M. D. B 1268-9

F 19489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 W. Lexington St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Unknown

2. FULL NAME Margaret Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1026 South Bulovard St. Ward. Charlotte N.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2 - 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte N.C.

FATHER

13. NAME J. F. Smith

14. BIRTHPLACE (city or town) (State or country) Rowanville S. C.

MOTHER

15. MAIDEN NAME Margaret Colvin

16. BIRTHPLACE (city or town) (State or country) Rowanville S. C.

17. INFORMANT Mrs J. K. Paxton

(Address) 428 N. Long St. Charlotte N.C.

18. BURIAL, CREMATION, OR REMOVAL Place Charlotte N.C. Date Jan 10 19 36

19. UNDERTAKER John C. Miller

(Address) 2435 E. Oliver St

20. FILED ... 19 ... Registrar

Over

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1936 , 19

22. I HEREBY CERTIFY, that I saw ... remains described above, held an Autopsy & Inquest thereon and (from the evidence (Inquest, Autopsy or Inquiry) obtained by said Autopsy & Inquest and that said deceased came (Inquest, Autopsy or Inquiry) to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drinking Liquid Poison (Carbolic Acid)	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide ... Date of injury Jan. 8, 193

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place found on street

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Carlin M. D. Coroner

(Address) 2757 W. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 19490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19490

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. Tisbel

If U. S. Veteran specify WAR

(a) Residence: No. 109 Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/27/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winston Salem N. C.

FATHER

13. NAME Jonas Sr.

14. BIRTHPLACE (city or town) (State or country) Winston Salem N. C.

MOTHER

15. MAIDEN NAME Frances

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Norfolk Va. Date Jan 10 1936

19. UNDERTAKER John E. Miller
(Address) 2435 E. Biddle St

20. FILED , 19 Registrar

NAH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/30 1935 to 1/8 1936

I last saw him alive on 1/8 1936 Death is said to have occurred on the date stated above, at 1 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	7
Arteriosclerosis	2
	1

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Potts M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19491

CERTIFICATE OF DEATH ✓ 121

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 12

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Miss Mary Millerson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1016 St. Paul St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Caucasian	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

(over)

6. DATE OF BIRTH (month, day, year) Apr. 8 1917

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
18	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. O'Neill Dry Goods Store

10. Date deceased last worked at this occupation (month and year) Nov 1935

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mr. Ernest Millerson

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

MOTHER

15. MAIDEN NAME Flora G. Cadwallader

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT Mrs. Millerson (Address) 1016 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 11th 1936

19. UNDERTAKER Wm. Cook (Address) 1217 St Paul St

20. FILED ____ 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1936 to 1-9 1936

I last saw him alive on 1-9 1935 Death is said to have occurred on the date stated above, at 9:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroversion of uterus	
Chronic appendicitis	
Other contributory causes of importance:	
Acute dilatation of stomach	

Was an operation performed? Yes Date of 1-3-36

For what disease or injury Retroversion & appendicitis

Name of operation Retroversion & appendectomy Date of 1-3-36

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____ 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) John W Bayard M. D.

(Address) Maryland General Hosp

F 19492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19492

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square Hospital St., 26 Ward) W

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Upton G. Kramer

(a) Residence: No. City Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Alice Kramer

6. DATE OF BIRTH (month, day, year) July 31 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME W. H. Kramer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Eleanor Tidley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Daisy Johnson
(Address) 217 South Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Jan 13 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest Inquiry (Inquest or inquiry) thereon and from the evidence obtained by said Inquiry I find that said deceased came to his death on the day stated above, 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Thos. H. Phillips Coroner M. D.
(Address) 1939 Edmondson Ave

V. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S e

M. D. P. 1208-9

19493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19493

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 N. Charles St. 41-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary T. Miller

U. S. Veteran

(a) Residence: No. 1418 N. Charles St., Ward. Possibly Woodbrook

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (a) HUSBAND of (or) WIFE of: John E. Miller

6. DATE OF BIRTH (month, day, year): Oct 17th 1859

7. AGE: Years 76; Months 2; Days 22; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Edward T. Leiber

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Elizabeth Foos

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: H. C. Colcraan

(Address) 1331 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Jan 11th 36

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED: JAN 1936, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1936 to Jan 9th, 1936

I last saw her alive on Jan 9, 1936 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Jan 2/36

Other contributory causes of importance:

Unknown

Name of operation: Date of

What test confirmed diagnosis? Record Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

(Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos Conrad Bode, M. D.

(Address) 1900 Maryland Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19494

HEALTH DEPARTMENT—CITY OF BALTIMORE

19494

CERTIFICATE OF DEATH

164-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adam C, Heeg

(a) Residence: No. 712 W, Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Not Known

6. DATE OF BIRTH (month, day, year) May 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker Mission

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 9 1935

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Maggie A. Reimer
(Address) 1535 Beason St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 11 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Poison (Illuminating)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicise Date of injury Jan. 8, 1936

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Gas Range Heater

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) ... M. D.

(Address) 1757 N. Howard

JAN 1936

X

M. D. B. 1268-9. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 19495

19495 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Mt Royal Ave 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Wernig Robins

W W I Veteran

(a) Residence: No. 1435 Mt. Royal Ave St., Ward. 26 Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed~~ or ~~divorced~~: (or) WIFE of Augustine Robins Sr.

6. DATE OF BIRTH (month, day, year): Dec 22nd 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Joseph R. Wernig

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Helen L. Wonn

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Augustine Robins Jr 1435 Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date Jan 11th 36

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 1936 to Jan 9. 1936

I last saw her alive on Jan 9. 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Jan 9.

Other contributory causes of importance:

Cerebral Arteriosclerosis	
Arterial Hypertension	2yrs

Name of operation None Date of

What test confirmed Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Ashhurst, M. D.

Address 4012 Park Heights Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. 6-9

M. D. F. 1268-9

F 19496

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19496

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 South Loudon St., 10-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. O'Rourke

(a) Residence: No. 210 South Loudon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran? No

Specify War

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 6, 1866

7. AGE: Years 70 Months 0 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (City or town) (State or country) Balto Md

FATHER

13. NAME Patrick O'Rourke

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice Rice

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Daniel F. O'Rourke

(Address) 210 South Loudon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Corans Date 1/13, 1936

19. UNDERTAKER William Cook

(Address) 1217 Ct Paul Street

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936 to Jan 10, 1936

I last saw him alive on Jan 10, 1936 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	4 weeks
mitral insufficiency	
Other contributory causes of importance:	
Lobar pneumonia	2-3 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? C Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify ✓

(Signed) J. T. Ryan M. D.

(Address) 3321 Fleet Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A 1936

M. D. B 1263-9

F 19497

19497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 S. Ellwood Ave 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Friedel — No War Record

(a) Residence: No. 705 S. Ellwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~single~~, widowed, ~~or divorced~~ HUSBAND of (~~or Wife of~~) Georgiana Friedel

6. DATE OF BIRTH (month, day, year) Nov 22nd 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dental Mfg Co

10. Date deceased last worked at this occupation (month and year) Jan 8th 1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick T. Friedel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Irene M. Becker

(Address) 705 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 11th 1936

19. UNDERTAKER Wm Cook

(Address) 627 St Paul St

20. FILED 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... ~~alive~~ on ..... 19 ... Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chronic Nephritis	

Other contributory causes of importance:

Probably Coronary Embolism	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) V. M. Wright (Attending) M. D.

(Address) 1015 S. Ellwood Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V60

M. D. B. 1268-9

F 19498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 N Arlington Ave Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia Marshall

(a) Residence: No. 1004 N Arlington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Servants work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) Cook

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edisto S C

FATHER

13. NAME Esau Marshall

14. BIRTHPLACE (city or town) (State or country) S Carolina

MOTHER

15. MAIDEN NAME Lucinda [redacted]

16. BIRTHPLACE (city or town) (State or country) S Carolina

17. INFORMANT Miss Ida Jones

(Address) 528 Eastern

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 13 1936

19. UNDERTAKER Francis Billingslea

(Address) Bayview Cemetery

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1935 to Feb 10 1936

I last saw h. alive on Feb 7 1936. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	Jan 27
	1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Stewart ..... M. D.

(Address) 704 N Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. H. 1268-9

F 19499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19499

CERTIFICATE OF DEATH

160-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1235 S. Decker Ave St., 1-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Rose Korzeniewski

(a) Residence: No. 1235 S. Decker Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/10/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 2 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Walter Korzeniewski

14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME Catherine Zuhouska

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Walter Korzeniewski
(Address) 1235 S Decker Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 1/11 19 36

19. UNDERTAKER John J Kruda
(Address) 2615 Hudson St

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1936 to 1-10 1936

I last saw her alive on 1-10 1936 Death is said to have occurred on the date stated above, at 10 45 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Accident of Labor	
Prolapsed cord	
Version + breech extraction.	

Other **contributory causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) J Kruda ... M. D.

(Address) ...

E.—WRITE PLAINLY, WITH PENCIL OR PEN—DO NOT USE INITIALS OR ABBREVIATIONS. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19500 ✓F 19500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lamonnice Knox

(a) Residence: No. 525 N. Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alex Knox

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Leita Thompson

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Hattie Wilson (Aunt)

(Address) 525 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 11, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19 ..... Registrar

JAN 11 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1935, to 1 8, 1936

I last saw him alive on 1 8, 1936. Death is said to have occurred on the date stated above, at 8 45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12 10 35
Empyema	2 19 35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Jackson, M. D.

(Address) 600 N. Wellington

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19501

M. D. B 1268-9

19501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Jasper St., 17-1 Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Tibbs

(a) Residence: No. 610 Jasper St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Tibbs

6. DATE OF BIRTH (month, day, year) June 31, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wet Laundry

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Tibbs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louisa Tibbs

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Katie Tibbs (Address) 610 Jasper St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 13, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED JAN 14 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 9, Jan,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hays Coroner M. D.

(Address) 1215 Fremont Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

F 19502

F 19502 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Edmondson Ave. St., 18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Stepney

(a) Residence: No. 1117 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Matilda Stepney

6. DATE OF BIRTH (month, day, year) - 1 - 72

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hod Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Robert Stepney

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Catherine Johnson
(Address) 2210 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date Jan. 12, 1936

19. UNDERTAKER Robert A. Young
(Address) 847 N. Carrollton Ave

20. FILED ... 19... Registrar.

JAN 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1936 to Jan 8, 1936
I last saw him alive on Jan 7, 1936 Death is said to have occurred on the date stated above, at 10 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	
Hypertension	
Other contributory causes of importance:	
Pulmonary Edema	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) W. F. Roesell M.D.
(Address) 601 N. Carrollton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 19503

F 19503 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 567 Hooker St 14-2 (Ward) REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estes Sam Young

(a) RESIDENCE NO. 567 Hooker St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Catherine Young

6 DATE OF BIRTH (month, day, and year) Oct 12th 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Champion

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Clinton S. C.

PARENTS

10 NAME OF FATHER Lemus Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Clinton S. C.

12 MAIDEN NAME OF MOTHER Lillia Dendy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Clinton S. C.

14 Informant Catherine Young

(Address) 567 Hooker St

15 Filed JAN 11 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 36

17 I HEREBY CERTIFY, That I attended deceased from Jan 3 19 36 to Jan 8 19 36

that I last saw h[illegible] alive on Jan 8 19 36

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. H. Fletcher M. D.

1/9 19 36 (Address) 1715 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Jan 11th 1936

20 UNDERTAKER Archibald A. Gallis — ADDRESS 2101 Mc Elderry St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 19504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 9-7 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Edward Stuart

(a) Residence: No. 1559 Carswell Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of May M. Wood Stuart

6. DATE OF BIRTH (month, day, year) Sept. 16th, 1875.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	22 24	########

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired all 9's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Fire Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Edward Stuart

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. May M. Stuart (Wife)
(Address) 1559 Carswell Street

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan. 13th, 1936

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave.

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cardiac Failure	

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

V 56

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

F 19505

F19505 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Dr Reams Hospital

CITY OF BALTIMORE: (No. ..... St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Irma Lee Summers

(a) Residence: No. ..... New Market Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec - 35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert Summers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Wingfield

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Albert Summers
(Address) New Market Md

18. BURIAL, CREMATION, OR REMOVAL
Place Middletown Md Date 1-13, 1936

19. UNDERTAKER W. E. Falconer
(Address) New Market Md

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10-36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-9-, 1936 to 1-10, 1936

I last saw h[illegible] alive on 1-10, 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Partial Intestinal Obstruction — Date of onset

Other contributory causes of importance:

Cachexia
Bronchio Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Daniel J. Shanahan M.D.

(Address) Dr Reams Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 1 1936

F 19506

F 19506 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 Wilkie St. 22-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Walter Towns

If U. S. Veteran specify WAR _____

(a) Residence: No. 119 Wilkie St., 22 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Towns

6. DATE OF BIRTH (month, day, year) Sept 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping

10. Date deceased last worked at this occupation (month and year) Nov

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Ella Towns

(Address) 119 Wilkie St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/11/36 19

19. UNDERTAKER Isaiah L. Brown & Son

(Address) 108 W Montgomery St

FILED 19

Registrar

JAN 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 . 19 35 to Jan 9 . 19 36

I last saw h[illegible] alive on Jan 9 . 19 36 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/9/36

Other contributory causes of importance:

Arterial hypertension

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) O. H. Carver M. D.

(Address) 107 Wilkie St

N. B.—WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NICHOLAS M. KEMP ✓

F 19507 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19507

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH Municipality Hospital 27-18 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nicholas M. Kemp

(a) Residence: No. 3819 Hayward Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Oleita M. Kemp

6. DATE OF BIRTH (month, day, year): Aug. 3-1860

7. AGE: Years 75 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U of M. Medical School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER
13. NAME: Shadrach Kemp
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: — Orrick
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Oleita M. Kemp 3819 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Jan. 13- 1936

19. UNDERTAKER (Address): Horace E. Burgee 3631 Falls Road

20. FILED ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-9 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st . 1936. to Jan. 9th . 1936.
I last saw him alive on Jan. 9th . 1936. Death is said to have occurred on the date stated above, at 7:47 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerotic C.V. Disease	
Congestive Heart Failure	
Auricular Heart Fibrillation	
Pulmonary Infarct	
Contributory causes of importance:	
Senile Cystitis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Charles S. Hoodlund M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JANITOR

F 19508 ✓ F 19508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
CITY OF BALTIMORE: (No. Tuberculosis Division St. 9-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mack McClam — If U. S. Veteran specify WAR .....

(a) Residence: No. 620 Brandt st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta

6. DATE OF BIRTH (month, day, year) August 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Dina McClam

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/11 1936

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9 1936

22. I HEREBY CERTIFY, That I attended deceased from December 12 1935 to January 9 1936
I last saw him alive on January 9 1936 Death is said to have occurred on the date stated above, at 11.30 m a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlson M. D.
(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

JAN 11 1936

F 19509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St. 2-1-1 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Weigman
If U. S. Veteran specify WAR .....

(a) Residence: No. 729 McHenry st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Weigman

6. DATE OF BIRTH (month, day, year) Jan. 8, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Geisler

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Samm

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date 1/13/ 1936

19. UNDERTAKER A. Rangel & Sons
(Address) 1400 E. Baltimore St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1935 to Jan. 9 1936
I last saw her alive on Jan. 9 1936 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karfgin M. D.
(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

JAN 1936

F 19510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19510

89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Lou Hirsch

If U. S. Veteran specify WAR .....

(a) Residence: No. 1006 E. North Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/29/35

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Hirsch.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mildred Burns.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 11. 1936

19. UNDERTAKER Geo. E. Miller & Son

(Address) 2334 Gilmor St.

20. FILED ..... 19..... Registrar.

JAN 11 1936

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) Jan 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/4, 1936, to 1/9, 1936

I last saw her alive on 1/9 1936. Death is said to have occurred on the date stated above, at 9:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media, bilateral purulent	1/3/36
Mastoiditis, bilateral.	1/6/36
Septicemia,	1/8/36
Meningitis	1/8/36
Other contributory causes of importance: Diarrhea, parenteral Dehydration.	1/1/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irvin Rosenbaum Jr. M. D.

(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 19511

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19511

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 491 Eastern Ave St., (Mt. Ver-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Phillip C. Bearch (Bearsch) If U. S. Veteran specify WAR .....

(a) Residence: No. 491 Eastern Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) July 12 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signalmaintainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pen R'R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Lambe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Cypha Md Date 1/13 1936

19. UNDERTAKER Howard K. McCann

(Address) Hampden Md

20. FILED JAN 14 1936 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot gun wound through left heart	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Jan 10 1936

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Shot gun

Nature of injury wound through left heart

24. Was disease or injury in any way related to occupation of deceased? ~ If so, specify .....

(Signed) W. W. Wright M. D. Coroner

(Address) 1015 S. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 14 1936

F 19512

19512 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 4th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F Truss

If U. S. Veteran specify WAR .....

(a) Residence: No. 24 N Bruce St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Daisy Washington

(Address) 105 N Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan 11, 1936

19. UNDERTAKER Joseph A Bixby

(Address) 609 N Howard St

20. FILED ..... Registrar

JAN 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1936, to Jan 9, 1936

I last saw h.. alive on Jan 9, 1936. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	1-7-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar puncture Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis J Schwentker, M. D.

(Address) Sydenham Hospital

X. B.—WRITE PLAINLY. WHEN ENTRIES ARE—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 19513

19513 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-91-a

1. PLACE OF DEATH 3817 Clifton Ave

CITY OF BALTIMORE: (No. ..... St., 15-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Janet E Urban

(a) Residence: No. 3817 Clifton Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 23, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank J Urban

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen Darby

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Frank J Urban
(Address) 3817 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 11 . 1936

19. UNDERTAKER J. E. Kechner
(Address) 2612 Edmondson Ave

20. FILED ..... . 19..... .....
Registrar.

JAN 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 . 1935 to Jan 10 . 1936

I last saw her alive on Jan 10 . 1936 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	1/8/36
Other contributory causes of importance: Acute infected throat	1/27/35

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? C Date of injury ..... . 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place C

Manner of injury C

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter C Bacon M. D.

(Address) 100 E 20th St

S. B.—WRITE PLAINLY, WITH INK AND PEN—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19514

F 19514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Fulton Ave. St. 70-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian B. Staley

(a) Residence: No. 524 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry S. Staley

6. DATE OF BIRTH (month, day, year) June 5, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME J. Jones

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss. Grace Leber

(Address) 524 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Loudon Park Cem. Date Jan. 13 19 36

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

JAN 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 19 36

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1935 to Jan 10, 1936

I last saw her alive on Jan 8 1936 Death is said to have occurred on the date stated above, at 1:10 m. A. M.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis — Date of onset .....

Other contributory causes of importance:

Chr. Nephritis.

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo. E. Shannon M. D.

(Address) 700 N. Fulton Ave.

U. S. BUREAU OF THE CENSUS, WASHINGTON, D. C. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19515

19515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St., 12-3 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Eliza Jane Beane

(a) Residence: No. 2419 Barclay St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed ~~Married~~

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Rev. Addison S. Beane

6. DATE OF BIRTH (month, day, year) July 17 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~Under 1 day~~	86	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William W. Beatley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Frances M. Welsch

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Jan 13 1936

19. UNDERTAKER Wm J. Jenkins & Sons
(Address) North & Lenox Aves.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1936 to 1-10 1936

I last saw h.r alive on 1-10 1936 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic lithiasis	
Cholecystitis	
Arteriosclerosis	
Malignancy of Liver	
Other contributory causes of importance:	
Bronchopneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John N Barnaby M. D.

(Address) Maryland General Hosp

N. B.—WRITE PLAINLY, WITH PENCIL OR INK—THIS IS A LEGAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19516 (Reida Costin) F 19516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 27-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 8 mos. 23 How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Reida Costin (Reida)

If U. S. Veteran specify WAR .....

(a) Residence: No. 3800 Pinewood ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter R. Costin

6. DATE OF BIRTH (month, day, year): Apl. 16 1889

7. AGE: Years 46 | Months 8 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 20?

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Charles Roose

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Louise C. Hamp

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mr. Walter R. Costin

(Address) 3800 Pinewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cem. Date: Jan. 11 1936

19. UNDERTAKER: Lowe Mortuary Bond

(Address) North & Paines.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6th 1936 to Jan. 8th 1936

I last saw her alive on Jan. 5th 1936. Death is said to have occurred on the date stated above, at 11:50 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/6/36

Other contributory causes of importance:

Generalized Arteriosclerosis — ?

Hypertension — ?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Howard N. Hoff M. D.

(Address) Union Memorial Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 1936

F 19517 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19517

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-12 Ward) Registered No. Sinai Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Eno. If U. S. Veteran specify WAR

(a) Residence: No. 3444 Resistertown Road St. Ward. Baltimore, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roberta Eno.

6. DATE OF BIRTH (month, day, year) 1868 July 25

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Several yrs. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Edward Eno

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lena Eno

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Roberta Eno (Address) 3444 Resistertown Rd

18. BURIAL, CREMATION, OR REMOVAL.

Place London Date Jan 13 1936

19. UNDERTAKER W. J. Tuckner & Son (Address) N. Y.

20. FILED JAN 14 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/91, 1936, to 1/10, 1936

I last saw h alive on 12:15 A.M. 1/10, 1936. Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 12/36

Pleural Effusion

Cardiac Failure

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank D. Walker, M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H

M. D. B. 1569-a

F 19518

19518 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Alban

If U. S. Veteran specify WAR

(a) Residence: No. Hampstead Carroll Co. St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Alban

6. DATE OF BIRTH (month, day, year) April 19, 18[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(61)	01	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day labor

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Alban

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Wisner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Minnie Alban (Address) Hampstead Md.

18. BURIAL, CREMATION, or REMOVAL Hampstead Cemetery Place Carroll Co. Date Jan 13, 1936

FORESTER-BALTO CO

19. UNDERTAKER Edward Ayton (Address) Hampstead Md.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractur of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 7, 193[illegible]

Where did injury occur? Hampstead. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home of Wm. Klinefelter

Manner of injury Fell from Barn Roof

Nature of injury Fractur of Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell while working on roof

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

IMPORTANT: WITH THE EXCEPTION OF THE ITEMS WHICH ARE NOT APPLICABLE, information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19519

F 19519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 78

1. PLACE OF DEATH
CITY OF BALTIMORE: Dist. Volunteers Hospt. St. 4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ethel McMahan

If U. S. Veteran specify WAR .....

(a) Residence: No. Mt. Vernon Ave Brighton Ward. 1114
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Hubert L. McMahan.

6. DATE OF BIRTH (month, day, year): about April 21/1900

7. AGE: Years 35. Months 8 Days 14 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 12/37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

FATHER
13. NAME: Daniel H. Mayerhirs
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Frances Merryman.
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hubert L. McMahan.
(Address) 33 ~~rd~~ Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Glencoe Md. Balto Co. Md. Date: Jan. 13/36.

19. UNDERTAKER: Walter Davis
(Address) 3418 Eastern Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 10/36.

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936 Jan 10 1936
I last saw her alive on Jan 10 1936 Death is said to have occurred on the date stated above, at 3 15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic abscess	
L Brain and Meninges of	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...
Where did Injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. J. Comey M. D.
(Address) Val. Hastead

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 1 1936

M. D. B. 1268-2

F 19520

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19520

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Howard Schwartz

(a) Residence: No. 2821 W. Garrison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Martin Schwartz

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Florence Miller

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Martin Schwartz
(Address) 2821 W. Garrison

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Southern Ave Date 1-12-36 19

19. UNDERTAKER Jas. Levi & Son
(Address) 1439 E. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia (Bilateral)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner M. D.

(Address) 1919 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 19521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19521

82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5050 Ruxton Rd St. 29-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Atkins Stiser Emich

(a) Residence: No. 5050 Ruxton Road St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry F. Emich

6. DATE OF BIRTH (month, day, year): Sept 20 - 1848

7. AGE: Years 95 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Owens Mills Balto Co

FATHER

13. NAME: Wm R. Rutledge

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Rutledge

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: F. A. Emich

(Address) 5050 Ruxton Rd

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cemetery Date Jan 13 1936

19. UNDERTAKER: F. S. Utz & Sons

(Address) 35-39 Hall Road

20. FILED ... 19 ... Registrar

JAN 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5. 1936 to Jan 11 1936

I last saw h[er] alive on Jan 10 1936 Death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Sclerosis — Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage — 1/4/36

Was an operation performed? ... Date of ...

For what disease or injury? No

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury No

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. G. Jones M. D.

(Address) 720 N. Monte Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19522 F 19522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Hemlington Av St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm Jno Williams

(a) Residence: No. 3017 Hemlington Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widower

6a. If married, widowed, or divorced HUSBAND of (or WIFE of): Emma V Williams Deceased

6. DATE OF BIRTH (month, day, year): Dec 27 1856

7. AGE: Years 79 | Months | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroader 06[illegible]5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bala Md

FATHER

13. NAME: William J. Williams

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Asked & Not Known

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Harry Williams
(Address) 3027 Hemlington Ave

18. BURIAL, CREMATION, OR REMOVAL
From Druid Ridge Date Jan 13 1936

19. UNDERTAKER: A. J. Mayo Hall
(Address) 3539 Falls Road

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11 36

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1935 to 1-11 36

I last saw him alive on 1-11 1936 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1/3/36
Other contributory causes of importance:	
Chronic Nephritis	1934
Mitral Stenosis	1932

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None Date of .....

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19 ...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) David Miller M. D.

(Address) 1500 N Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAL

F 19523 Davy. F 19523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 418 E Lake ave Somers 12 Registered No.

CITY OF BALTIMORE: (No. 418 E Lake ave St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan E. Davy W. U. S. Veteran? No

(a) Residence: No. 418 E Lake ave St., Ward. Specify War

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edmund J Davy

6. DATE OF BIRTH (month, day, year): June 12 1851

7. AGE: Years: 84 Months: 6 Days: 29 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 0037

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: 60 years

12. BIRTHPLACE (city or town) (State or country): Somerset Co Md

FATHER

13. NAME: Samuel Waters

14. BIRTHPLACE (city or town) (State or country): Somerset Co Md

MOTHER

15. MAIDEN NAME: Rosanna Boggs

16. BIRTHPLACE (city or town) (State or country): Somerset Co Md

17. INFORMANT: Mrs Mary Gibbons (Address) 418 E Lake ave Govans

18. BURIAL, CREMATION, OR REMOVAL: St. Stephens Somerset Co Md Date: Jan 13. 1936

19. UNDERTAKER: W M Cook (Address) 1211 Eastern Ave

20. FILED: Jan 14 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931 to Jan 11 1936

I last saw her alive on Jan 9 1936 Death is said to have occurred on the date stated above, at 34 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral & general arterio-sclerosis	about 1927
Other contributory causes of importance: myocarditis	Jan about 1935

Name of operation: none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edwin K. Ballard M. D.

(Address) 1622 Mt Royal av

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19524 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19524

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto General Hospital (Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Schadel. If U. S. Veteran specify WAR

(a) Residence: No. 1645 W. Lombard St., Ward. 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed or divorced HUSBAND of WIFE of Elizabeth Schadel

6. DATE OF BIRTH (month, day, year) Oct 10th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. W. A. 0040

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jack Schadel

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mrs. Anna Grant (Nephew) 40 Ostend St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 14th 1936

19. UNDERTAKER Tom Cooke (Address) 1217 St Paul st

20. FILED JAN 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/36

22. I HEREBY CERTIFY, That I attended deceased from 1/10/36 to 1/11/36

I last saw him alive on 19 . Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/10/36

Other contributory causes of importance:

Hardened arteriosclerosis & Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 50 Balto (Sept 1, 1936)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 19525

F 19525 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Wilkens Ave 70-5 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Lindauer

(a) Residence: No. 2601 Wilkens Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran

Specify War

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~ Female

4. Color or Race: White

5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of: Edward Lindauer

6. DATE OF BIRTH (month, day, year): April 7th 1871

7. AGE: Years 64; Months 9; Days 3; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): Dec 1935

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Geo. A. Werner

14. BIRTHPLACE (city or town) (State or country): Hanover Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Wm G. Mallet 1204 Sargent St

18. BURIAL, CREMATION, OR REMOVAL: London Park Date 1/13/36

19. UNDERTAKER (Address): Wm Cook 1209 St Paul St

20. FILED 46 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jany 2 36 to Jany 9 36

I last saw h[illegible] alive on Jany 9 36 Death is said to have occurred on the date stated above, at 1.54 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	1/2/36
Other contributory causes of importance:	
Arterio Sclerosis	6/1/35

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 .

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, [illegible]

(Signed) Hubbard Dean M. D.

(Address) 1605 Eutaw Pl

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F D. 19526 ✓ F 19526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Nearenberg

(a) Residence: No. 1629 N. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Samuel Nearenberg

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Moses Blueband

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Lawene

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Herman Blueband

(Address) 1629 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL Philadelphia Pa. Date 1/12 1936

19. UNDERTAKER S. Levinson Bros

(Address) 1127 Lombard St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Nehemkes M. D. Coroner

(Address) 1919 E. North ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. F. B. F 19527

F 19527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Bruff

If U. S. Veteran specify WAR .....

(a) Residence: No. 2908 Grindon Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Bruff

6. DATE OF BIRTH (month, day, year) May 5, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Distributing Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Bruff

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary J. Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary J. ~~Smith~~ Bruff Mother

(Address) 2908 Grindon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 13, 1936

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1936

22. I HEREBY CERTIFY, That I ... Inquiry ... visited the remains of the deceased described above, held an ... Inquiry ... thereon and from the evidence obtained by said ... Inquiry ... find that said deceased came to ... His ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Progressive Paralysis	
2 Following Septic Sore Throat	
Probably Toxic	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. K. Mackenzie M. D.

(Address) 2757 K. Front

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

07 19528

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19528

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 Mount St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James W Cooper

If U. S. Veteran specify WAR .....

(a) Residence: No. 314 Mount St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Maggie Cornwell

(Address) 314 Mount

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/[illegible]/13. 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/22 . 1935, to 1/10 . 1936

I last saw h[illegible] alive on 1/6 . 1936. Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Nephritis	
Uremia	
Acute Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. M. Rhett, M. D.

(Address) 2434 Druid Hill Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19529

108

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-1 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gordon Glean

(a) Residence: No. 145-3 Parrish St., St- Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Rose ?

6. DATE OF BIRTH (month, day, year) 9 - 01

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Welfare (General)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga -

FATHER

13. NAME Charles Glenn

14. BIRTHPLACE (city or town) (State or country) Ga -

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Records -

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 1/13/36

19. UNDERTAKER (Address) Thomas E. Kalen 1303 Pennsylvania Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1936 to Jan 9 1936

Last saw him alive on Jan 9 1936. Death is said to have occurred on the date stated above, at 6 35-5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia due to Pneumococcus Type II	1-6-36.

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Joseph F. Ladner, J. M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 1936

Spec. 9-30—A. & Co.—250 Bks

F 19530 ✓ F 19530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

REGISTERED NO. 16-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1153 N. Mount ST. ..... WARD)

2-FULL NAME Mondell Crump

(a) RESIDENCE NO. 1153 N. Mount ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 14 1935

7 AGE: Years | Months 1 | Days 27 | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: mondell Crump Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Anna Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Mondell Crump

(Address): 1153 n mount st

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year): Jan 11 36

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1936 to Jan 11 1936

that I last saw him alive on Jan 10 1936

and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) ✓

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) D. J. Hatcher M. D.

1/12 1936 (Address) 17 W Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery

DATE OF BURIAL: 1/12 1936

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 393 Pressman

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 19531

F 19531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 W. Lanvale St. 12-7 Ward

Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Bartholomew A. Flattery

If U. S. Veteran specify WAR .....

(a) Residence: No. 313 W. Lanvale St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Darcy

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
in 63rd	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Penn RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Flattery

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Sheehan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Agnes Flattery

(Address) 313 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 1/14/36

19. UNDERTAKER John J Fahey & Son

(Address) 218 Light St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th 1936 to Jan 11th 1936

last saw h[illegible] alive on Jan 11th 1936 Death is said to have occurred on the date stated above, at 11.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uraemia	1-6-36
Other contributory causes of importance: Cardiac Hypertrophy	2

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E Cross M. D.

(Address) 28 W 25th St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19532 ✓ F 19532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital 89-a

CITY OF BALTIMORE: (No. ..... St. 24-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John James

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St. Sandtown Range Conference, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 13 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William A Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Pauline Dyer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Parents
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 14 1936

19. UNDERTAKER Geo. B. Rowland & Sons
(Address) 1610-12 S. Gilmor St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1935 to Jan 11 1936

I last saw him alive on Jan 11 1936. Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

Meningitis — Date of onset — Dec

Other contributory causes of importance:

Otitis Media

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M Alonso M. D.

(Address) 30 S. Paca St. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19533

F 19533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 E. 26 St St. 12-13 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR 1st Co.

2. FULL NAME Samuel R. Sullivan

(a) Residence: No. 426 E. 26 St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or ~~WIFE~~ of) Carmen Lester

6. DATE OF BIRTH (month, day, year) - 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	36	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shannon Point Md

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Edward Sullivan

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Mary L Everhart

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Mrs Carmen L. Sullivan

(Address) 426 E 26th St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Jan 13 1936

19. UNDERTAKER Mary M Wheatley

(Address) 701 E 22nd St

20. FILED ... 19 ... Registrar. Wm.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 1936

22. I HEREBY CERTIFY, That I ... (Coroner, Attending Physician or Inquiry) ... saw ... (Coroner, Attending Physician or Inquiry) ... alive at ... on ... and that ... last saw ... alive on ... and that said deceased came to ... his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D.
Coroner

(Address) Coroner's

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19534

F 19534 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Brookland Ave) (Ward) 27-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary V. Fahr

If U. S. Veteran specify WAR

(a) Residence: No. 2605 Brookland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles B. Fahr

6. DATE OF BIRTH (month, day, year): 5-6-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Wells O. Clayton

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Ethel White

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Charles R Fahr

(Address): 2605 Brookland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Forestlawn Date 1-14-1936

19. UNDERTAKER: Leonard Rusch

(Address): 5205 Harford Rd

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/26 1935 to 1/11 1936

I last saw her alive on 1/11 1936. Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	1/11/36
Other contributory causes of importance: pregnancy	1935

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. [illegible] F 19535

✓ F 19535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4840 Park Hgts Ave St., 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gustav Kamphenkle

(a) Residence: No. 4840 Park Hgts Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary W Kamphenkle

6. DATE OF BIRTH (month, day, year): Dec 9, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	14 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: St. Car Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: United Rys Co

10. Date deceased last worked at this occupation (month, day, year): July 35

11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Gustav Kamphenkle

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Landsdown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Kamphenkle (Address) 4840 Park Hgts. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan. 1- 1936

19. UNDERTAKER: Martin Cadwallader & Sons (Address) 1001 Eutaw St.

20. FILED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to Jan 10 1936

I last saw him alive on Jan 10 1936 Death is said to have occurred on the date stated above, at 4.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sch attack	
Acute Dilation of Heart	Jan 9-36
Auricular fibrilation	Jan 9-36
Other contributory causes of importance: Chronic Myocarditis	Unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. D. Ensor M. D.

(Address) 4936 Park Hgts Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 6.3

F 19536

F 19536 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-H

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Cathedral St. St., 17-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgie A. Wenzel

If U. S. Veteran specify WAR .....

(a) Residence: No. 2230 Cathedral St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Chas F. Wenzel

6. DATE OF BIRTH (month, day, year) Nov. 7, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 003

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Washburn Folwell

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Elizabeth Stuck

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT C. F. Wenzel

(Address) 2230 Cathedral St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan. 13 1936

19. UNDERTAKER Mary Chamberlain

(Address) 18 W. Read Sts.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/11/35 . 19 .. to 1/11/36 . 19 ..

I last saw her alive on 1/11/36 . 19 . Death is said to have occurred on the date stated above, at 11.53 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Cancer) (abdominal)	7/1/35
	ave

Other contributory causes of importance:

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Howard Andress M. D.

(Address) 321 E 25th St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19537

F 19537 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-13

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chester Harrison — If U. S. Veteran specify WAR .....

(a) Residence: No. Mt. Airy, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 28 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) maryland

FATHER

13. NAME Jos W. Harrison

14. BIRTHPLACE (city or town) (State or country) maryland

MOTHER

15. MAIDEN NAME Lottie E. Hood

16. BIRTHPLACE (city or town) (State or country) maryland

17. INFORMANT Mrs Lottie Harrison
(Address) Mt Airy Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Cemty Date Jan. 14. 36

19. UNDERTAKER C. M. Waltz
(Address) Mt Airy Md.

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 29th 1935 to Jan 12th 1936

I last saw h. alive on June 12th 1936 Death is said to have occurred on the date stated above, at 2 50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?
Cystic Kidneys	?

Other contributory causes of importance:

Uraemia	11-1-36

Was an operation performed? yes Date of 1-7-36

For what disease or injury? Carcinoma Stomach

Name of operation Gastro Enterostomy Date of 1-7-36

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Daniel L Robinson M. D.

(Address) mercy Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19538 HEALTH DEPARTMENT—CITY OF BALTIMORE 19538

CERTIFICATE OF DEATH

104-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Beatrice Fair

If U. S. Veteran specify WAR .....

(a) Residence: No. Taneytown Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marland Fair

6. DATE OF BIRTH (month, day, year) Aug 22, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME Melvin Overholtz

14. BIRTHPLACE (city or town) (State or country) Emmetsburg Md

MOTHER

15. MAIDEN NAME Emma Keckler

16. BIRTHPLACE (city or town) (State or country) Waynesboro Pa

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Church Date Jan 15 19

19. UNDERTAKER L. Ott Rudisill & Son Taneytown Md

(Address)

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1936 to Jan 12 1936

I last saw her alive on Jan 12 1936. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute sinusitis	1-2-36
Pneumococcus meningitis	1-8-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Francis D'Schweinchen M. D.

(Address) Sydenham Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

F 19539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19539

CERTIFICATE OF DEATH

+ 114-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins St. 4-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edith M Farwell

(a) Residence: No. 11 Pierce ave (Riverdale Md) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Ernest C Farwell

6. DATE OF BIRTH (month, day, year) Sept 3rd 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ill

MOTHER FATHER

13. NAME Wm Massmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hanna Clemenson

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Harvey C Farwell
(Address) 11 Pierce Ave (Riverdale Md)

18. BURIAL, CREMATION, OR REMOVAL
Place Washington [illegible] Jan 14 1936

19. UNDERTAKER [illegible] Funeral Directors Co
(Address) 517-11th St Washington D C.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinitis (Undetermined Origin)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schenker Coroner M. D.

(Address) 1919 E. North Ave.

V 5 6

Information should be carefully supplied. Use Stamp to stand for Ditto. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 19540 ✓ F 19540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 11-1 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME James Shields

(a) Residence No. 605 N. Calvert St. 11 years Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	White	Married

5a. If married, widowed, or divorced —HUSBAND of (or) ~~WIFE~~ of Thelma Shields

6. DATE OF BIRTH (month, day, year) June 14-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Shields

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nana Chilsden

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Date 1/12 19 36

19. UNDERTAKER Wenning & Cook
(Address) 127 St. Paul St.

20. FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/7 1936 to 1/11 1936

I last saw him alive on 1/11 1936 Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 10 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19541

CERTIFICATE OF DEATH

139-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 16-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Richardson

(a) Residence: No. 1810 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) Dec 27th 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lexington Co.

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph M. Richardson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Edith T. Warnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James W. Richardson

(Address) 1810 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 14th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1936, to January 11, 1936

I last saw h e alive on January 11, 1936 Death is said to have occurred on the date stated above, at 4:25 P m.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis — Date of onset 11/4/36

Osteomyelitis Femur, right

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/3/36

For what disease or injury? Osteomyelitis Femur right

Name of operation Osteomyelitis right femur; appendectomy, drainage Date of 11/3/36

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Helen I. Magennis M. D.

(Address) University Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 19542

19542 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 21-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR 1812 War Revol

2. FULL NAME Harry M. Hall

(a) Residence: No. 3681 Bayonne Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Alice Hall.

6. DATE OF BIRTH (month, day, year) Oct 18 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stonecutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month, day, and year) Jan 2, 36

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Hall.

14. BIRTHPLACE (City or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Julia Richardson

16. BIRTHPLACE (City or town) (State or country) Maryland.

17. INFORMANT Hosp. Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Friendship Hist Co Date Jan 14 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936, to Jan 12 1936

I last saw h[im] alive on Jan 12 1936 Death is said to have occurred on the date stated above, at 2:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	(?) 1-2-36

Other contributory causes of importance:

Senility

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edwin Kessler Jr M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 19543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19543

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Eutaw Place) (Ward) 11-4

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria McClymont

(a) Residence: No. 1324 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give City or Town and State)

U. S. Veteran

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Alexander McClymont

6. DATE OF BIRTH (month, day, year) Jan 9th 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Pfaltz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Mooney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Louis G. McComas

(Address) 606 W. 38th St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 14th 36

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936 to Jan 11 1936

I last saw him alive on Jan 11 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Jan 10/36
Other contributory causes of importance:	
Lobar Pneumonia	Jan 10/36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abner B Lemmon M. D.

(Address) 718 N Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. F. 1268-9

F 19544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19544

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 S. Bentalou St. 20-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelm Menn

(a) Residence: No. 508 S. Bentalou St., Ward.

(Usual place of abode)

U. S. Veteran

Died in No Record

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~

HUSBAND of ~~WIFE of~~ Pauline W. Menn

6. DATE OF BIRTH (month, day, year) Sept 8th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Decorating Co.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wilhelm Menn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Bleecher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Pauline W. Menn

(Address) 508 S. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 13th 36

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED , 19 Jan 16. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11th, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 8 1936 to Jan. 11 1936

I last saw him alive on Jan. 11th 19 Death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1 week
Bronchopneumonia	4 days
Other contributory causes of importance:	
Adenocarcinoma of lungs	½ day

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Mayer M. D.

(Address) 1716 Eutaw Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19545

F 19545 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Hospital St. 21 Ward 1)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Donnelly

If U. S. Veteran specify WAR .....

(a) Residence: No. 1508 Fort ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of the late John Donnelly

6. DATE OF BIRTH (month, day, year) Nov. 22. 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Lanahasy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Eggen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Agnes Donnelly

(Address) 1508 E. Fort ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Jan. 14 1936

19. UNDERTAKER Wm. J. Lyons

(Address) 1422 Light St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 8 1936 to 11 1936

I last saw h[illegible] alive on 1/11 1936 Death is said to have occurred on the date stated above, at 11 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Hypostatic pneumonia	
Arteriosclerosis	
Ovarian cyst	

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Malonee M. D.

(Address) So Balto Gen Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19546

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 W 40th St., 13-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thos J McHugh

(a) Residence: No. 617 W 40th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Mary McHugh

6. DATE OF BIRTH (month, day, year) Aug 13/1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President P. J. Dougherty

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tug Boat Co.

10. Date deceased last worked at this occupation (month and year) 1908

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas McHugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT (Address) P P Dougherty 407 Warren Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date Jan 13, 1936

19. UNDERTAKER (Address) Margaret G. Flynn 2107 N Milton Ave

20. FILED ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1936 to January 10, 1936

I last saw him alive on January 9, 1936 Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema of Lungs.	
Other contributory causes of importance: Acute Bronchitis and Congestion	over

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John A. Johnson M.D.

(Address) 1337 S Charles St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19547

8-5 V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 E. Lafayette Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret V. Horn

(a) Residence: No. 2004 E. Lafayette Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amos P. Horn

6. DATE OF BIRTH (month, day, year) Nov. 6, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Joseph Hofstetter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Amos P. Horn

(Address) 2004 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan. 13, 1936

19. UNDERTAKER George W. Sinkler

(Address) 1737 E. Edgar St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10 1935 to January 10 1936

I last saw her alive on January 10 1936 Death is said to have occurred on the date stated above, at 7 30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis — 2 years
Arterial Hypertension — 2 years
Chronic Interstitial Nephritis — 2 years

Other contributory causes of importance:

Apoplexy — 5 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If yes, what? .....

(Signed) Albert Greenberg M. D.

(Address) 2025 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill statements of OCCUPATION is very important. See instructions on back of certificate.

V 3

F 19548

F 19548 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Eagle St. St. 10-5 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles N. McGee

1a) Residence: No. 2204 Eagle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda E. McGee.

6. DATE OF BIRTH (month, day, year) March 28 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Thomas McGee.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Lillian Sauerbach.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Hilda E. McGee.

(Address) 2207 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL London Park. Date Jan 14 1936

19. UNDERTAKER Edmondson Ave.

(Address) 3015-17 Edmondson Ave.

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 - 1935 to Jan 11 - 1936

I last saw him alive on Jan 10 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Myocarditis (Degenerative)	
Other contributory causes of importance:	
Pulmonary Edema	

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Norbert C. Pilch M. D.

(Address) 2151 Wilkens Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

JAN 13 1936

M. D. B 1268-9

F 19549

19549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH BonSecours Hospital — Registered No. 157-C

CITY OF BALTIMORE: (No. ..... St., 9-8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Coles — If U. S. Veteran specify WAR ...

(a) Residence: No. 2405 Lockraven Blvd. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 10th. 1936

7. AGE	Years	Months	Days	If LESS than 1 day 22 hrs. or ... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Ronald G. Coles

14. BIRTHPLACE (city or town) (State or country) Berkshire Head England

MOTHER

15. MAIDEN NAME Margaret Baldwin

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md,

17. INFORMANT Thomas D. White (Address) 2405 Lockraven Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Jan 13 19 36

19. UNDERTAKER Chas. E. Franck (Address) 502 Madison Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11th 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above, 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth,	
(Between 6&7 Mo, in utero)	

Other contributory causes of importance:
Congenital Malformation of heart.

Was an operation performed? No, Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Thos. H. Phillips Coroner, M. D.

No, (Address) 1939 Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

F 19550 F 19550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 17 Bruce ST. 19-E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy Lee

(a) RESIDENCE NO. 17 Bruce ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): May 19, 1935

7 AGE — Years: | Months: 7 | Days: 22 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: William Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Ada Plato

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Ada Lee Mother

(Address)

15 Filed ——— 19 ———

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 11, 1934

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Jan 11, 1934, that I last saw her alive on Jan 11, 1934 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Douglas Shepard, M. D.

19 (Address) 1063 Myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Jan 13 1936

20 UNDERTAKER: Mrs Peter R Williams — ADDRESS 322 Schroeder

IF DEATH is plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificates.

W H C - 1625 Dorsett

F 19551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19551

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 27-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Starr Dorsett

If U. S. Veteran specify WAR .....

(a) Residence: No. 3427 Echodale Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Dorsett

6. DATE OF BIRTH (month, day, year) March 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. County

FATHER

13. NAME Thomas Dorsett

14. BIRTHPLACE (city or town) (State or country) Balto. County

MOTHER

15. MAIDEN NAME Mary Graves

16. BIRTHPLACE (city or town) (State or country) Balto. County

17. INFORMANT Records B. C. H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date Mar 14 36

19. UNDERTAKER Pyle & Son Inc

(Address) 844 N. Broadway

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/ , 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/9 , 1936 to 1/11 , 1936

I last saw h. in alive on 1/11/ , 1936 Death is said to have occurred on the date stated above, at 4:55 P m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 1/9/36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Tobias Weinberg. M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 1936

F 19552 Power F 19552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Rosalie Ave St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? 12 yrs. mos. ds.

2. FULL NAME Alexander C Power

If U. S. Veteran specify WAR

(a) Residence: No. 3109 Rosalie Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Margaret Power

6. DATE OF BIRTH (month, day, year) June 3 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Prison

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME John Power

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Retina Dean

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Grace Priestley

(Address) 3109 Rosalie Ave

18. BURIAL, CREMATION, OR REMOVAL

Cambridge, Mass. Date 1/14, 1936

19. UNDERTAKER Leonard J Lynch

(Address) 5305 Harford Rd

FILED JAN 13 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to 1/12/36, 19..

I last saw h alive 1/12/1936 Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diag Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Taylor Godley, M. D.

(Address) 5103 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

F 19553 1500 Bks. F 19553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46-E

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1600 E 31 St (ST., 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry B Jefferson

(a) RESIDENCE NO. 1600 E 31 St (ST., WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. LIFE. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M Jefferson

6 DATE OF BIRTH (month, day, and year) Mar 16 1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boat Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Jefferson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Anna M Jefferson 1600 E 31 St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1936

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1935, to Jan 10, 1936, that I last saw h alive on Jan 7, 1936, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Sarcoma of liver

"Metastatic type"

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Dec 18-35

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Bernard S. Strauch, M. D.

Jan 11, 1936 (Address) 2329 Arunah Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem — DATE OF BURIAL Jan 13 1936

20 UNDERTAKER John Ullrich — ADDRESS 2008 Aisquith

Entered in Register of Deaths, Vol. , Page , Line , 19

Entered in Register of Deaths, Vol. , Page , Line , 19

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 13 1936

19554 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 19554

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Robstock If U. S. Veteran specify WAR .....

(a) Residence: No. 737 E. Ford ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2. 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6 mos	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... (Child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Walter Robstock

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Myra Howard

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Myra Robstock. Mother.
(Address) 737 E. Ford av.

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Date of burial Jan 14 1936
Place Date filed Jan 16

19. UNDERTAKER Peter L. Stevens
(Address) 1501 Eastern ave

20. [illegible] 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13- 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936 to Jan 13 1936
I last saw h[illegible] alive on Jan 13 - 1936. Death is said to have occurred on the date stated above, at 6 20 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
(Grip)	
Other contributory causes of importance:	
Pulmonary edema	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Laurence H. Mills M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

19555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19555

CERTIFICATE OF DEATH

24-4133

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Covington St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline Sadler

(a) Residence: No. 1512 Covington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Sadler

6. DATE OF BIRTH (month, day, year) Oct. 5, 1851.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Missionary do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William R. Whiteley

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

MOTHER

15. MAIDEN NAME Sarah McKinley

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT (Address) Ethel N. Finch (Daughter) 1512 Covington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 1/13/36. 19

19. UNDERTAKER (Address) Frederick A. Cole 1700 W. Lombard St.

20. FILED ..... 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1935 to Jan 10 1936

I last saw h[illegible] alive on Jan 9 1936. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
Other contributory causes of importance; Kidney insufficiency	Dec 19 '35
Uremia	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Pearle Stiffler M. D.

(Address) 1019 Light St.

OCCUPATION is very important. See instructions on back of certificate.

F 19556

F 19556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3821 Philadelphia Rd. St. 9-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clyneta Wasson

(a) Residence: No. 2403 Sherwood Ave. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Benjamin H

6. DATE OF BIRTH (month, day, year) Dec 9 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hanover Germany

FATHER

13. NAME Ernest Rohrman

14. BIRTHPLACE (city or town) (State or country) Hanover Germany

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Benj. H Wasson

(Address) 2403 Sherwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltolem Date Jan 14th 1936

19. UNDERTAKER Leo G. Cook

(Address) 1703 N Patt Park Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary embolism	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

V S 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19557

F 19557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Long

(a) Residence: No. Savage, (Usual place of abode) Maryland St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 10, 1924.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward Long

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Tilly Dorsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Tilly Long

(Address) Savage Md

18. BURIAL, CREMATION, OR REMOVAL Savage Md Date 1-15-36

19. UNDERTAKER Lloyd Yaeger

(Address) Laurel Md.

FILED . 19 Registrar

JAN 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12/36

22. I HEREBY CERTIFY, That I attended deceased from 1-7-36, 19, to 1/12/36, 19

I last saw h/M alive on 1/12/36, 19. Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	?
Other contributory causes of importance: Staphylococcus Septicemia Metastatic Abscess Pneumonia	1/4/36

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. C. Hull M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19558

F 19558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3115 Grandon St., 27-2 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edgar Tyler Johnston If U. S. Veteran specify WAR None

(a) Residence: No. 3115 Grandon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel N. Johnston

6. DATE OF BIRTH (month, day, year) May 16-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Personal Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employment Agency

10. Date deceased last worked at this occupation (month and year) Jan 6-1936

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Charles Johnston

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Dearing

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Mabel N. Johnston

(Address) 3115 Grandon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 13, 1936

19. UNDERTAKER Wm. J. Tucker & Sons

(Address) North & Pennsylvania Ave

20. FILED Jan 13, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936 to Jan 10, 1936 and saw h[illegible] alive on Jan 10, 1936 Death is said to have occurred on the date stated above, at 2 20 p.m.

The principal cause of death and related causes of importance were as follows:

Pleural pneumonia
Acute Cardiac dilatation

Date of onset 1/10/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) Ernest H. Kahn M. D.

(Address) 3006 W North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 19559 George W. Pilson ✓ F 19559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Pilson

(a) Residence: No. 4902 Hamphett Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie E. Pilson

6. DATE OF BIRTH (month, day, year) July 16th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	28 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John T. Pilson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Burgess

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Etta Hall
(Address) 1 South Payson Street

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 19

19. UNDERTAKER Joseph H. Koob
(Address) 1036 West Baltimore St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11th , 19 36

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of Skull.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accidental Date of injury 1/11/ , 1936

Where did injury occur? Harford Ave & Radday — Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place - Street.

Manner of injury Struck by a street car.

Nature of injury Compound fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenken , M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 19560

M. D. 126-12

F 19560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-1 210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Francis Turner Klinefelter.

(a) Residence: No. Catonsville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) May 30, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Victor Klinefelter

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Susan Turner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Harry F. Klinefelter

(Address) #55 Harvest Rd. Roland Park

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan 13, 1936

19. UNDERTAKER Henry W. Mears & Son.

(Address) 805 N. Calvert St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Fractured skull	1/11/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/11 19 36

Where did injury occur? Frederick Road & Ingleside Ave.
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto while crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Bailey Coroner M. D.

(Address) 907 N. Charles

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19561 ✓ F 19561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Mulliken St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Alexander

(a) Residence: No. 1611 Mulliken St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Wm. Alexander

6. DATE OF BIRTH (month, day, year) Exact Birthday unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
apparently 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Bob. Hill

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maggie Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ched Johnson
(Address) 1616 Mulliken St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 13, 1936

19. UNDERTAKER Edward Bryan
(Address) 1647 Orleans St.

20. FILED ..... 19..a ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 (20) 1935 to Jan 10, 1936.

I last saw h[er] alive on Jan 9, 1936. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Pneumonia	Dec 20 1935
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) R. J. Young, M. D.

(Address) 1729 Monument

F 19562 ✓ F 19562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-P

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lindsey Foster

(a) Residence: No. 1022 N. Chapel St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie.

6. DATE OF BIRTH (month, day, year) 4/26/1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Plant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ames.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cora Hollaway.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W. L. Calverton Date Jan 13 . 1936

19. UNDERTAKER Edward Bryan

(Address) 1421 Orleans St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/14 . 1934 to 1/8 . 1936

I last saw him alive on 1/8 . 1936 Death is said to have occurred on the date stated above, at 5-40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Myocardial insufficiency	2

Other contributory causes of importance: over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert H. Carter M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 19563

19563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Burgundy St. 21-1 Ward)

Length of residence in city or town where death occurred 66 yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lottie LeBon

(a) Residence: No. 807 Burgundy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Charles W. LeBon

6. DATE OF BIRTH (month, day, year) Sept 1st 1869

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
66	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Whitefield

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr. Samuel B. LeBon

(Address) 807 Burgundy St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 1/14. 1936

19. UNDERTAKER John J. Cowan & Son

(Address) 1401 Hollins St.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/36

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Jan 11 1936

I last saw alive on 1/11/36 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/8/36

Other contributory causes of importance:

Arteriosclerosis	12/1/35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Rutland Dunn M. D.

(Address) 1727 Madison Ave.

19564 ✓ F 19564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 N. Collington Ave St., E-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Louise Helen Wagner

If U. S. Veteran specify WAR .....

(a) Residence: No. 1206 N. Collington Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) 1-5-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		05	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Wagner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Dunn

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. John Wagner
(Address) 1206 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date 1-12 193

19. UNDERTAKER Albert F. Kilby
(Address) 1605 N. Charles Street

20. FILED ... 19... ... Registrar.

RFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1936 to Jan. 13, 1936

I last saw her alive on Jan. 12, 1936 Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	1-12-1936.

Other contributory causes of importance:

Prematurity. 7 months gestation.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Louis E. Siegmund, M. D.

(Address) 1613 N. Wolfe Ave.

OCCUPATION is very important. See instructions on back of certificate.

vs

AACo. 5-31 2508

19565 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 19565

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH Franklin Sqr. Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 28-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Julia (Baggs)

(a) Residence: No. 4029 N. Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J Harry Baggs

6. DATE OF BIRTH (month, day, year) Aug 11 · 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Thomas Hines

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie E. Logue

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT Mrs L. L. Smith
(Address) 4029 N. Rodgers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 14 1936

19. UNDERTAKER Joseph Ryter
(Address) 1602 N. Monroe Ave

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan, 6, 1936, to Jan, 11, 1936
Last saw her alive on Jan 11 1936 death is said to have occurred on the date stated above, at 3.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Grippe	
Senile debility with arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. D. T. Battaglia, M. D.
(Address)

THE CAUSE OF DEATH in this case must be stated in accordance with the directions on the back of this certificate. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 19566

F 19566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Pier #5 E Pratt St. (St.) 4 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacinto Castro

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Jan 13 19[illegible]

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [illegible] 26 19[illegible]

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/30 19[illegible]

Where did injury occur? Pier 5 E Pratt St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unknown

Manner of injury Drowned

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas B Wallace M. D.
(Coroner)

(Address) 1031 E Pratt St

F 20 14

2014

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19567 ✓ F 19567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 St Mathews St., 5-1 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S Veteran specify WAR .....

2. FULL NAME Baby Lee

(a) Residence: No 1200 St Mathews St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 12-36

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
			12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ND
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER
13. NAME Handy Lee
14. BIRTHPLACE (city or town) (State or country) N C

MOTHER
15. MAIDEN NAME Stennie Lee
16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Stennie Lee
(Address) 1200 St Mathews St

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Jan 13, 19 36

19. UNDERTAKER J. B. Meekins Sons & Smith.
(Address)

20. FILED ..... Registrar
For Wm. R. WOODALL

2017

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 36, to 1-12, 1936

I last saw h alive on 1-12, 1936 Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of Respiratory Center (Dyspnoea)	1/12/36

Other contributory causes of importance: no

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis Physical Was an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George P. Allen, M. D.

(Address) 509 Aisquith St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether or not OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 19568

19568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Monastery of St. Mary Magdalen

CITY OF BALTIMORE: (No. Mount & Hollins St., S. 1934 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Magdalen of St. Ignatius Mc Evoy

(a) Residence: No. Mount & Hollins 515 St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 28, 1856

7. AGE	Years	Months	Days 15	If LESS than 1 day, ... hrs. or ..... min.
79	79	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Newburgh, N. Y.

FATHER

13. NAME Patrick Mc Evoy

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Ann Stapleton

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sisters of Good Shepherd

(Address) Mount & Hollins 515

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 1/14/36 19

19. UNDERTAKER John J. Fahey & Sons

(Address) 1318 Light St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1930 to Jan 13th 1936

I last saw her alive on Jan 12th 1936 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Jan 8 1936
Carcinoma of Breast	Jan 1930

Other contributory causes of importance:

Uterine Fibroid

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. Collins M. D.

(Address) 1300 Eutaw St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19569 ✓ F 19569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lena Gempesaw (Mary Middleton Maddox)

If U. S. Veteran Specify WAR

(a) Residence: No. 2401 McElderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank Gempesaw

6. DATE OF BIRTH (month, day, year) July 3, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md.

FATHER

13. NAME Ludwig Lepp.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Behringer

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 15 19 36

19. UNDERTAKER C. Miller & Son

(Address) 2334 Eastern Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1936 to Jan 12 1936

I last saw h alive on Jan 12 1936 Death is said to have occurred on the date stated above, at 4 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Umbilical Hernia	1/8/36

Other contributory causes of importance:

Hypertension C-V-R Disease Uremia; o Bendy.

Was an operation performed? Yes Date of Jan 8, 1936

For what disease or injury? Strangulated Umb. Hernia

Name of operation Reduction & Repair Hernia Date of Jan 8, 36

What test confirmed diagnosis? Op. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Irvine Terry Jameson, M. D.

(Address) Mercy Hosp.

OCCUPATION is very important. See instructions on back of certificate.

JAN 13 1936

H

M. D. B. 1268-9

19570 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 19570

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Talbot Road St. 47-20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sidney M. Goldsmith

(a) Residence: No. 3904 Pinkney Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Goldsmith

6. DATE OF BIRTH (month, day, year) Jany. 16, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock & Bond

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Meyer B. Goldsmith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Theresa Fellheimer

16. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

17. INFORMANT (Address) Mrs. S. M. Goldsmith, 3904 Pinkney Road

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Jan. 14, 1936

19. UNDERTAKER (Address) David Sondheim & Son 1902 Eutaw Place

20. FILED Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935 to Jan 11, 1936

I last saw him alive on Jan 6, 1936 Death is said to have occurred on the date stated above, at 9.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1/4/36
Other contributory causes of importance:	
aortic Sclerosis	?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irvin S. Haas, M. D.

(Address) Esplanade Apts.

M. D. B. 1268-9

✓ F 19571

9571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 01 N Pulaski St. 96-1 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Harris

(a) Residence: No. 501 N Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch Harris

6. DATE OF BIRTH (month, day, year) January 12 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month, day, year) June 10 1936 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME William Harris

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Rebecca Thompson

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Blanch Harris

(Address) 501 N Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan 14th 1936

19. UNDERTAKER Jos. Jourdans Son

(Address) 2126 Pennsylvania Ave.

20. FILED Jan 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Nephritis	6 Days
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Barry Coroner, M. D.

(Address) 1210 Hanover

OCCUPATION IS VERY Important. See instructions on back of certificate.

✓ F 19572

19572 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. Linden & Madison St., 19-3 W)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Sarah E Elliott

(a) Residence: No. 203 S Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME John Elliott
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Rebecca Johnston
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Jan 14 1936

19. UNDERTAKER Geo L Bayer Jr
(Address) 512 Eutaw St

20. FILED ... 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1936 to Jan 11 1936
I last saw her alive on Jan 11 1936 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine fibroids	
Chronic appendicitis	
Other contributory causes of importance:	
Pulmonary embolism	

Was an operation performed? Yes Date Jan 6, 1936
For what disease or injury? Fibroid uterus
Name of operation Hysterectomy - appendectomy
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W Barnaby M. D.
(Address) Maryland General Hosp

OCCUPATION is very important. See instructions on back of certificate.

306 596

F 19573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 30

JOHNS HOPKINS HOSPITAL

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. X mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Bolden

If U. S. Veteran specify WAR

(a) Residence: No. Dehue, Logan Co St., ... Ward. W. Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala

FATHER

13. NAME Frank Bolden

14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER

15. MAIDEN NAME Martha Yolden

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Logan, W. Va Date Jan 13, 1936

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 E Edwards St.

20. FILED JAN 13 1936 19... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935 to Jan 11, 1936

I last saw him alive on Jan 11 1936 Death is said to have occurred on the date stated above, at 2.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Tuberculosis, Left	1933
Pyonephrosis, L't	2 mos ago
Anemia	2 mos ago

Other contributory causes of importance:

Secondary anemia	2 mos

Was an operation performed? Yes Date of Jan 10

For what disease or injury? Chronic Tuberculosis Left Kidney

Name of operation Nephrectomy Date of Jan 10

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard W Jones M. D.

(Address) Johns Hopkins Hospital

19574 E 19574

19574 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH University Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Lombard & Greene St., H-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Margaret Harlan

(a) Residence: No. Bel Air Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin Harlan

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Harry D Harvey
14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Lida Divers
16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Edwin Harlan
(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Spring Date Jany 16 1936

19. UNDERTAKER Deaver & Foster
(Address) Bel Air Md

20. FILED ..... 19 ..... Registrar

JAN 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/4/36 1936 to 1/13 1936
I last saw her alive on June 13 1936 Death is said to have occurred on the date stated above, at 2.5.3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C V disease	1915
& Cardiac failure	1934
Other contributory causes of importance:	
T & C	1912
Hyperthyroidism	1932

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? B.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. C. Warren M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. D. 1268-9

F 19575

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19575

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 584 Preston St., 17-2 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rid McNeil

(a) Residence: No. 584 Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal.	Col.	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frances McNeill

6. DATE OF BIRTH (month, day, year) Apr. 9 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50 50

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Laurenceburg Ind.

FATHER

13. NAME Unknown McNeil

14. BIRTHPLACE (city or town) (State or country) Laurenceburg Ind.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ..

17. INFORMANT Deceased (Address) 584 Preston St

18. BURIAL, CREMATION, OR REMOVAL Place Red Springs N.C. Date 1/14 19 36

19. UNDERTAKER Mrs A Jackson (Address) 716 Lanvale

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, A Inquiry or Inquiry on the ..... and from the evidence obtained by said (Inquest, A Inquiry or Inquiry) find that said deceased came to death on the day stated above. 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C Hann M. D.

(Address) 124 Hanover Coroner

F 19578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 161-D

F 19578

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. W-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lois Jones.

(a) Residence: No. Parkton Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-4-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkton Md.

FATHER

13. NAME Chauncy Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elva Calk

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chauncy Jones
(Address) Parkton Md.

18. BURIAL, CREMATION, OR REMOVAL
Place New Freedom Cemetary Date 1/15/ 1936

19. UNDERTAKER Paul N. Hartenstein
(Address) New Freedom, Penna.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13-36

22. I HEREBY CERTIFY, That I attended deceased from 1-12-36. 19.... to 1-13-36. 19....

I last saw her alive on 1-13 . 1936 Death is said to have occurred on the date stated above, at 1 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemmorhagic Disease of newborn.	1/8/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

(Signed) Walter Kenny George Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 19577

F 19577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Guilford ave St.) 12-4 Ward)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fanny G. Grant

(a) Residence: No. 1913 Guilford ave St., Ward. Culpeper Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm. H. Grant

6. DATE OF BIRTH (month, day, year): June 2, 1866

7. AGE: Years 69; Months 7; Days 11; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: James W. Green
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Ann S. McDonald
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Millian G. Crook
(Address) Jackson Penn

18. BURIAL, CREMATION, OR REMOVAL
Place: Culpeper Va Date: Jany 15 1936

19. UNDERTAKER: John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 13, 36

22. I HEREBY CERTIFY, That I attended deceased from July 29, 35 to Jan 13 36

I last saw deceased alive on Jan 13 36 Death is said to have occurred on the date stated above, at 6.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bowel	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin B. Hewitt M. D.

(Address) 1115 St Paul St. City

V 9 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-9

F 19578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2712 Ames Ave St. 12 (Ward)

Registered No. F 19578

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? 39 yrs. mos. da.

2. FULL NAME Sarah Di Stefano

(a) Residence: No. 2712 Ames Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Vincent Di Stefano

6. DATE OF BIRTH (month, day, year): Dec 24- 1868

7. AGE: Years 68 | Months | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Michael Raymond

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Grace Greco

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mrs Jennie Farace

(Address): 2712 Ames Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Jan 14 '36

19. UNDERTAKER: Albert W. Berezay

(Address): 470 E North Ave

20. FILED 1936 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1936 to Jan. 11 1936

I last saw her alive on Jan. 11 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilat and Arteriosclerosis	1/4/36 Indefinite
Other contributory causes of importance: Exhaustion	1/10/36

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, (Signed) R. F. Campbell M. D.

1/13/36 (Address) 1644 Havoren Rd

F 19579

F 19579 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt St., 8-1 Ward)

Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR — No War Record

2. FULL NAME Ellen Quinn

(a) Residence: No. Clifton Park cottage Home Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Quinn

7. DATE OF BIRTH (month, day, year) 4 3 1836

7. AGE: Years 99 | Months 9 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ? Md

FATHER

13. NAME Edward Quinn

14. BIRTHPLACE (city or town) (State or country) Ire

MOTHER

15. MAIDEN NAME Alice Duff

16. BIRTHPLACE (city or town) (State or country) ? Md

17. INFORMANT Hospt. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Forest Lawn Co.

Place Hickory Date Jan 15th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 1 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-27 1935 to 1-12 1936

I last saw him alive on 1-11 1936 Death is said to have occurred on the date stated above, at 10:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Arteriosclerosis general	?
b	?
c	?

Other contributory causes of importance: Inanition

Was an operation performed? none of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt. J. O'Martin M. D.

(Address) Balto. City Hospt.

OCCUPATION is very important. See instructions on back of certificate.

F 19580

HEALTH DEPARTMENT—CITY OF BALTIMORE

19580

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

8-2 ✓ 19-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Patricia Healy

(a) Residence: No. 1613 N. Montford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 6 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	13	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Austin Healy

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ruth Airey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 15 19 36

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED JAN 1 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1936 to 1-12, 1936.

I last saw h[illegible] alive on 1-12, 1936 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis - Pachymeningitis interna hemorrhagica	1-9-36
Other contributory causes of importance: Respiratory Failure	1-12-36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? L.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Maurice K. Reese, M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

F 19581

F 19581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1334 Eden St. 9-9 Ward)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Burkhard Hart

(a) Residence: No. 1334 Eden St. E. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Anna M Hart

6. DATE OF BIRTH (month, day, year): May 7 1854

7. AGE: Years 81 | Months 8 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: Geo. Hart
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Ambrose
16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Anna M Hart
(Address) 1334 Eden St.

18. BURIAL, CREMATION, OR REMOVAL: Holy Red. Date Jan 15 1936

19. UNDERTAKER: Leonard J Finch
(Address) 1305 Hanford Ave

20. FILED 19 Registrar

JAN 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/12 1936

22. I HEREBY CERTIFY, That I attended deceased from January 12 1936 to January 12 1936

I last saw h. alive on January 12 1936 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis for years — Date of onset

Other contributory causes of importance:

Myocard. Insufficiency
Advanced age

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (Specify)

(Signed) Charles K. A. Meyer M. D.

(Address) 1031 N. Caroline St.

F 19582

F 19583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. 13-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 7 mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Bross

(a) Residence: No. 3512 Woodbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Bross

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Industrial Alcohol Co. Sinai U. S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0008

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Harry Louis Bloom

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena Silversky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Herman Bloom - Brother
(Address) 523 N. Howard st

18. BURIAL, CREMATION, OR REMOVAL 1-14-36
Place Levering Rm Date . 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St.

20. FILED . 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

V S 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13 . 1936

22. I HEREBY CERTIFY, That I attended deceased from October 13, . 1935, to January 13 . 1936
I last saw her alive on January 13 . 1936 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic cystitis
Chronic pancreatitis
Chronic hypertrophic cirrhosis

Date of onset

Last

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Isaac Sinai M. D.

(Address) Sinai Hospital

F 19583

F 19583

308142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 131

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Montague (U. S. Veteran / specify WAR)

(a) Residence: No. 1411 McCulloh St., ... Ward. Richmond Va. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William

6. DATE OF BIRTH (month, day, year): 10-8-93

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

MOTHER FATHER

13. NAME: William Lee

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Susie Greene

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Records

18. BURIAL, CREMATION, OR REMOVAL: Place Irving Undertaking Co. Date Jan 14th 1936

19. UNDERTAKER (Address): Archibald R. Hadkis 2101 McCulloh St.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936 to Jan 13, 1936

I last saw her alive on Jan 13, 1936 Death is said to have occurred on the date stated above, at 1:10 A m.

The principal cause of death and related causes of importance were as follows:

Hypertension; Hypertensive heart disease; Arteriolosclerotic nephritis.

Date of onset: ? chronic

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph T. Hadkis M. D.

(Address) Johns Hopkins Hospital

F 19584

F 19584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. Gilmore St. St., 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Myrtle ELVA TALBOTT

(a) Residence: No. 317 S. Gilmore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William O. Talbott

6. DATE OF BIRTH (month, day, year): Jany 16. 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Lawrence F. Martin

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Lillie Kelly

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Wm. O. Talbott

(Address) 317 S. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jany. 14 1936

19. UNDERTAKER: Wm. J. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 11. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1935 to Jan. 11 1936

I last saw h[illegible] alive on Jan. 11 1936 Death is said to have occurred on the date stated above, at 7:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Feb. 1935

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Nathan Rosen M. D.

(Address) 206 S. Gilmore St.

F 19585

19585
30793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annette R. Lathson

(a) Residence: No. DeKalb Route 2 St., DeKalb Ward. Illinois

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-10-35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME Carl Lathson

14. BIRTHPLACE (city or town) (State or country) Ill

MOTHER

15. MAIDEN NAME Catharine Rahe

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place DeKalb Ill. Date Jany 16, 1936

19. UNDERTAKER John A. Mitchell & Son

(Address) 1200 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935 to Jan 13, 1936

I last saw her alive on Jan 13, 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital hydrocephalus, pneumonia (a)	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Cranial puncture Date of 1/13/36

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M.D.

(Address) Johns Hopkins Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

V S 3

F 19586

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19586

CERTIFICATE OF DEATH

92-a

9-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1647 Chilton St., ... Ward)

Length of residence in city or town where death occurred 74 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anne Elise Dorsch

(a) Residence: No. 1647 Chilton St., ... Ward. ... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John L. Dorsch

6. DATE OF BIRTH (month, day, year): Jan. 12, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: William O'Neill

14. BIRTHPLACE (city or town) (State or country): -------- Ireland

MOTHER

15. MAIDEN NAME: Anna James

16. BIRTHPLACE (city or town) (State or country): --------- Ireland

17. INFORMANT (Address): George C. Dorsch 1647 Chilton Street

18. BURIAL, CREMATION, OR REMOVAL Place: Cathedral Cem. Date 1/15 1936

19. UNDERTAKER (Address): 805 N. Calvert Street

... 19 ... Registrar

JAN 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1924 to Jan 13, 1936

I last saw her alive on Jan 12, 1936. Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic A.S.)	1927?
Chronic Endocarditis	1924?
	Dec 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas W Judd M. D.

(Address) 222 W Lanvale St

Chas Judd

F 19587

F 19587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No.) Tuberculosis Division St., 12-4 Ward)

Registered No. 23
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
Life

If U. S. Veteran specify WAR

2. FULL NAME Arthur Henry

(a) Residence: No. 306 Worsley st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Henry

6. DATE OF BIRTH (month, day, year) April 12, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Henry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Areulia Golaman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dr. Labrey Cem Date Jan 14th 1936

19. UNDERTAKER Mrs. Richard A. Elliott, Daughter
(Address) 1129 Caroline St.

20. FILED JAN 15 1936
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14 1935 to Jan. 11 1936

I last saw him alive on Jan. 11 1936 Death is said to have occurred on the date stated above, at 9.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

F 19588

F 19588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 347 S. Fulton Ave. St., 19-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances A. Englehart

(a) Residence: No. 347 S. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Wm. O. Englehart

6. DATE OF BIRTH (month, day, year) Dec. 26, 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Dennis Harmon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachael Hood

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Albert Wilson (Daughter)
(Address) 347 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Freedom Cem
Date Jan 16 1936
Mean Dorset, Md.

19. UNDERTAKER Harry S. Waltz
(Address) 4101 Edmondson Ave.

20. FILED JAN 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1936, to Jan 14, 1936

I last saw her alive on Jan 13, 1936 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage (right)	10 days
Left side haemoplegia -	
Acute cardiac failure -	
Other contributory causes of importance:	
Chronic myocarditis & Hypertension	5 yrs
Chronic Nephritis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Pedro E. Calas M. D.
(Signed)
4 N. Fulton Ave
(Address)

M. D. B. 1268-0

F 19589

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19589

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 Jefferson St., 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth May

(a) Residence: No. 2508 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael May

6. DATE OF BIRTH (month, day, year) April 16 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME George Hollerz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Michael May
(Address) 2508 Jefferson

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Cemetery Date Jan 15 1936

19. UNDERTAKER Jos. J. Otter & Son
(Address) 126 N. Eutaw

20. FILED JAN 14 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24 1935 to Jany 13 1936

I last saw her alive on Jany 12 1936 Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uteri - Metastases to Abdomen involving Ureters, Kidneys and Left Forearm

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. J. Kelly M. D.

(Address) 1106 Hooken Av

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 19590 F 19590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., Ped 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sylvia Tutt

(a) Residence: No. 334 W. Redden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Newton Tutt

14. BIRTHPLACE (city or town) (State or country) Ga. Not.

MOTHER

15. MAIDEN NAME Beth Carter

16. BIRTHPLACE (city or town) (State or country) S.C. Not.

17. INFORMANT Bertha Tutt
(Address) 334 W. Redden

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Cem. Date Jan 15-36

19. UNDERTAKER Adolphus Halstead
(Address) 9 E. Lanvale

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from January 10 1936 to January 12 1936
I last saw her alive on January 12 1936 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis (Generalized) — Date of onset: Jan

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Jones M. D.

(Address) University Hospital

19591 F 19591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 n Front St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Schlossberg

If U. S. Veteran specify WAR

(a) Residence: No. 115 n Front St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Harry.

6. DATE OF BIRTH (month, day, year) April 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benj Schapiro

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Schapiro

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Schlossberg

(Address) 115 n Front St

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Herring Run Place Date Jan 14 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 1121 E Balto St

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/12 1936 to 1/14 1936

I last saw h[illegible] alive on 1/14 1936. Death is said to have occurred on the date stated above, at 1235 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cardiac dilatation	1/12/36

Other contributory causes of importance:

Cerebral Hemorrhage

Hypertension Cardio vascular disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation Non Date of

What test confirmed diagnosis? Gen'l Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Nat Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. C. Feldman, M. D.

(Address) 1424 E Balto St

F 19592

M. D. B 1208-9

F 19592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Watam St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Jones

(a) Residence: No. 1106 E. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) April 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) James Jones, (Son) 142 E. Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 1/14 1936

19. UNDERTAKER (Address) Joseph G. Locke, Jr. 1332 Jefferson St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably coronary embolism	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright, M. D. Coroner

(Address) 1015 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

F 19593

M. [illegible] F 19593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1929 Asquith St., 9-8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME Theodore Logan

(a) Residence: No. 1929 Asquith St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marguette

6. DATE OF BIRTH (month, day, year) Jan 10, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28 yrs.		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

10. Date deceased last worked at this occupation (month and year) 12 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harrison Logan

14. BIRTHPLACE (city or town) (State or country) Buchanan Va

MOTHER

15. MAIDEN NAME Ivory Stanton

16. BIRTHPLACE (city or town) (State or country) Buchanan Va

17. INFORMANT Ivory Logan
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1-16-, 1936

19. UNDERTAKER Wm H. Holland
(Address)

20. FILED ....., 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1935, to Jan 11, 1936

I last saw h[illegible] alive on Jan 11, 1936 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-26-35
Other contributory causes of Importance: Empyema	1-8-36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. L. Adams M. D.

(Address) 726 E 23rd St.

19594 F 19594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 1513 Madison Av St. 14-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susie Williams — If U. S. Veteran specify WAR .....

(a) Residence: No. 1513 Madison Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Williams

6. DATE OF BIRTH (month, day, year) Dec. 9-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Andrews

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Andrew Williams
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1-14- 1936

19. UNDERTAKER Geo. H. Holland
(Address) 1631 Eutaw Pl.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1935 to Jan 10 1936

I last saw her alive on Jan 10 1936 Death is said to have occurred on the date stated above, at 11.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	1 yr
Other contributory causes of importance: Bronchial asthma	6 mos

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. K. Pelletreau M. D.

(Address) 817 Hamilton Ter

M. D. H. 1768-S F 19595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19595

21-2 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 West Cross St, St. 21-2 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joan E. Murphy

(a) Residence: No. 807 West Cross St, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1st, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Basil P. Murphy

14. BIRTHPLACE (city or town) (State or country) Baltimire Md,

MOTHER

15. MAIDEN NAME Mildred E. Campbell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md,

17. INFORMANT Basil P. Murphy
(Address) 807 West . Cross St,

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cemetery Jan. 15th.

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St,

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13th, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above at 4.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia,	Jan 12th, 1936

Other contributory causes of importance:
Malneutrition about three weeks

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos H Phillips Coroner M. D.

(Address) 1939 Edmondson Ave,

Make certificate out in duplicate. Use typewriter or pen and ink. See instructions on back of certificate. OCCUPATION is very important.

F 19596 ✓ F 19596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 6-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 Orleans St., St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Wald

(a) Residence: No. 2530 Orleans St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John Wald

6. DATE OF BIRTH (month, day, year) Feb. 2 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work At

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Bechman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George J. Wald (Son)
(Address) 2530 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan. 15 1936

19. UNDERTAKER Lilly & Kieler Inc.
(Address) 463 N. Howard St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11/36

22. I HEREBY CERTIFY, That I attended deceased from Mch 9 1935 to Jan 11 1936

I last saw her alive on Jan 11 1936 Death is said to have occurred on the date stated above, at 9/15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstit. Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Rogers Peterson M. D.

(Address) 24 N. Broadway

F 19597 ✓ F 19597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 28-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4313 Sidehill Rd. St., 28 Ward

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Lee. Smith

(a) Residence: No. 4313 Sidehill R. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter P. Smith

6. DATE OF BIRTH (month, day, year) Aug. 13/1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 52	5	10	0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert Hisky

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Honora. Kenney

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Walter P. Smith
(Address) 4313 Sidehill Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan. 16 36

19. UNDERTAKER Tilly & Zeiler Inc.
(Address) 403 S. Woodward

20. FILED Jan. 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13/36

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1935 to Jan 13 1936

I last saw her alive on Jan 12. 1936 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Oct 5-35

Other contributory causes of importance:

Chr Myocarditis	Unk

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Sign Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Marshall B West M. D.
(Address) Catonsville Md

✓ F 19598

19598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Merritt Graydon Perry

(a) Residence: No. 313 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Susan A. Perry

6. DATE OF BIRTH (month, day, year) Aug. 10, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fidelity Mutual

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Del.

FATHER

13. NAME David Geo. Perry

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Mary E. Greenlee

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Mrs Susan A. Perry

(Address) 313 N. Calvert St

18. BURIAL, CREMATION OR REMOVAL

Place Loudon Park Date Jan. 15 1936

19. UNDERTAKER Wm. J. Fickus Sons

(Address) North & Calvert.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1936, to Jan. 13 1936

I last saw h[illegible] alive on Jan. 13 1936 Death is said to have occurred on the date stated above, at 7.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1917
Nephritis, chronic	1931
Other contributory causes of importance: Uremia	Jan 13

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Leslie Fleming M. D.

(Address) Union Memorial Hosp.

F 19599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19599

82-a

Registered No. 15-4

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St. 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Warren F. Reynolds
(a) Residence: No. 2021 Ridgehill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A.

6. DATE OF BIRTH (month, day, year) 6/11/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street sweeper none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City 0086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Warren F Reynolds
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Annie Brady
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wife
(Address) 2021 Ridgehill Ave

18. BURIAL, CREMATION OR REMOVAL
Place London Park Cem. Date Jan 15 1936

19. UNDERTAKER Wm J Tackney & Sons
(Address) North & Anna Ave

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/1936

22. I HEREBY CERTIFY, That I attended deceased from 12/28/1935 to 1/13/1936
I last saw him alive on 1/13/1936 Death is said to have occurred on the date stated above, at 4 a.m.

The prinelpal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral hemorrhage	?
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp.

OCCUPATIONS TO BE TABULATED

M. D. B. 1269-9

✓ F 19600

19600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 St Paul St. 11-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Wilson

(a) Residence No. 701 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Wilson

6. DATE OF BIRTH (month, day, year): Sept 7 1883

7. AGE: Years 52 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): Jan 1936

11. Total time (years) spent in this occupation: Full

12. BIRTHPLACE (city or town) (State or country): West Va.

FATHER

13. NAME: Smith

14. BIRTHPLACE (city or town) (State or country): [illegible] Va

MOTHER

15. MAIDEN NAME: Wilson

16. BIRTHPLACE (city or town) (State or country): West Va

17. INFORMANT (Address): Carrie Wilson 701 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Zion Date: Jan 14, 1936

19. UNDERTAKER (Address): Mrs Katie R Williams 322 N Edmondson Ave.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Jan 12 1936

I last saw him alive on Jan 12 1936 Death is said to have occurred on the date stated above, at 530 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	Nov 1935 now
Arteriosclerosis	1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, what? .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

Hic-2039

19601

HEALTH DEPARTMENT—CITY OF BALTIMORE

19601

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elijah Johnson

(a) Residence: No. 404 N. Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1855 ??

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 ? 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records - B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan. 14 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/11 1935 to 1/11 1936

I last saw him alive on 1/11 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6 months

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Tobias Weinberg, M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

✓ F 19602

19602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 14-25 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Phillips

(a) Residence: No. 1716 Bruff St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 2, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Everette Phillips

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucille Bridgforth

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Pleasant Date Jan 14 1936

19. UNDERTAKER Jos. Weiss & Son
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11-36 19

22. I HEREBY CERTIFY, That I attended deceased from 1-2-36 19 to 1-11-36 19

I last saw him alive on 1-11-36 19 Death is said to have occurred on the date stated above, at 12 45 AM PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia ?	
Aspiration of vomitus ?	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Whitridge, M. D.

(Address) Johns Hopkins Hospital

DEATH OCCURRING IN INSTITUTIONS. See instructions on back of certificate.

2020

M. D. B. 1268-9

VF 19603

19603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Riley

(a) Residence: No. 513 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 31, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, 11 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Abraham Riley

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Irene Washington

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery Date Jan 14, 1936

19. UNDERTAKER J. C. Wisseler Sons (Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-31-35, 19, to 1-1-36, 19

I last saw him alive on 1-1-36, 19 Death is said to have occurred on the date stated above, at 2:40 A. m.

The principal cause of death and related causes of importance were as follows: Date of onset

Partial intra-uterine asphyxia
Prematurity

Other contributory causes of importance:
Premature separation of the placenta

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Whitridge Jr. M. D.

(Address) Johns Hopkins Hospital

V 53 OCCUPATION is very important. See instructions on back of certificate.

2021

F 19604

19604 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

160-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 73-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruby Boy Hyson

(a) Residence: No. 19 E Cross St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	(a) C.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Hyson Hyson

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Hyson Waters

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Hyson Waters Hyson
(Address) 19 E Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med School Date Jan 14 1936

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

2023

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936 to Jan 12 1936

I last saw h alive on Jan 11 1936 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar pneumonia Hemorrhage

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Breafne Sterling M. D.

(Address) Balt City Hospital.

F 19605

19605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Walker

(a) Residence: No. 222 S. Dallas st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Robert Walker

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Fannie Butler

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Md School Date Jan 9 . 1936

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

1936 2024 W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8 . 1936

22. I HEREBY CERTIFY, That I attended deceased from December 28 . 1935 to January 8 . 1936
I last saw him alive on January 8 . 1936 Death is said to have occurred on the date stated above, at 9.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of 1/10

What test confirmed diagnosis Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karfgin . M. D.

(Address) Baltimore City Hospitals

F 19606

19606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 5-1 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Olivia Gray.

(a) Residence: No. 1434 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Major

6. DATE OF BIRTH (month, day, year) 7/4/1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36.	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thomas Woodson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Louisa Washington

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Husband.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. J. Med. School Date Jan 14 1936

19. UNDERTAKER [illegible]
(Address)

20. FILED ..... 19 ..... Registrar

1936

2025 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/24 1935 to 1/10 1936

I last saw her alive on 1/10 1936 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	2 days
Hypertensive Heart disease	3 wks.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or humiride? ..... Date of injury ..... 19 .....

Where did injury occur? (Sperify city or town, county, and State)

Specify whether injury occurred in industry, in home, ur in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

✓ F 19607

19607 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Abbott St., 7-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Talbot

(a) Residence: No. 1612 Abbott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin Talbot

6. DATE OF BIRTH (month, day, year) May 14, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md. and

FATHER

13. NAME Joseph Machnicka

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Benjamin Talbot
(Address) 1612 Abbott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 16, 1936

19. UNDERTAKER Enoch Davis & Son
(Address) 1400 Lafayette Ave

20. FILED 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1934, to January 17, 1936

I last saw her alive on January 14, 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3yrs ago
Other contributory causes of importance: Chronic Nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St

✓ F 19608

19608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 N. Washington St., 5 Ward)

Length of residence in city or town where death occurred 24 yrs. 10 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Evelyn Crouch

(a) Residence: No. 821 N. Washington St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 27, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	10	16	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Victor Crouch

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Barbara Krumel

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Victor Crouch

(Address) 821 N. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 15 1936

19. UNDERTAKER Frank Leach Son

(Address) 1906 Eutaw Pl

20. FILED JAN 16 1936 Washington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1935 to January 12, 1936

I last saw h[illegible] alive on January 12, 1936. Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

19609 F 19609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. — mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Melvin Wamplen

(a) Residence: No. Sykesville St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 23 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0 months	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sykesville Md

FATHER

13. NAME Luther Wamplen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Day

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Luther Wamplen

(Address) Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Sykesville, Md. Date June 16 1936

19. UNDERTAKER Fleet Mort Sve.

(Address) Eldersburg Md.

20. FILED 1936 Registrar

NPW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/11/36, to 1/14/36

I last saw him alive on 1/14 1936. Death is said to have occurred on the date stated above, at 4 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Meningitis	1/7/36
Other contributory causes of importance: Pneumonia (Lung)	1/2/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Henry Gorin Jr M. D.

(Address) University Hospital

✓ F 19610

19610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 Poplar Grove st Ward) 15-6

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W Seaman

(a) Residence: No. 1534 Poplar Grove st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Cora M Seaman

6. DATE OF BIRTH (month, day, year) Dec 7 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Kingston N. Y.

FATHER

13. NAME Laban S Seaman

14. BIRTHPLACE (city or town) (State or country) Royal Oaks Mich.

MOTHER

15. MAIDEN NAME Mary Benjiman

16. BIRTHPLACE (city or town) (State or country) Marbletown N. Y.

17. INFORMANT Miss Estella M Seaman
(Address) 1534 Poplar Grove st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 15 1936

19. UNDERTAKER John F Denny
(Address) 915 Light st

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1935 to Jan 11 1936.

I last saw h[illegible] alive on Jan 10 1936. Death is said to have occurred on the date stated above, at 6 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cerebral Embolism	Sudden

Other contributory causes of importance:

Chronic Myocarditis with Compensation. Arteriosclerosis Diabetes Mellitus

	Date of onset
chronic	
10 yrs	
?	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Joseph M Zierler M. D.

(Address) 207 S Broadway Apt 6

(Carver) ✓ F 19611

19611 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL — 8-7 — Registered No. .....

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter ~~Carver~~ Carver — If U. S. Veteran specify WAR .....

(a) Residence: No. 1531 E. Preston St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan R Carver

6. DATE OF BIRTH (month, day, year) Dec 8th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	—	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Covering Box

10. Date deceased last worked at this occupation (month and year) 05

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md Sommerset Co Md

FATHER

13. NAME Peter Carver

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriett Joines

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Arthur P. Carver (Address) 2 [illegible] Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL Place Mount Olivet Date Jan 15 1936

19. UNDERTAKER John F. Geyer (Address) 715 Light St

20. FILED Jan 15 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1936 to January 13, 1936

I last saw him alive on January 13, 1936 Death is said to have occurred on the date stated above at 8 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia (Coma)	
Other contributory causes of importance:	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. F 1268-9

✓ F 19612

F 19612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 George St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Green

(a) Residence: No. 626 George St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Mar 17, 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 31/35

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Harrietstown Pa,

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Wm H. Green

(Address) 626 George St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Jan 14 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

Per Wm E. WOODALL

20. FILED Jan 14 1936 Registrar

2027 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry, (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows

Cerebral Hemorrhage 7 days.

Date of onset

Other contributory causes of importance Acute Bronchitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hare M. D. Coroner

(Address) 126 Hanover

M. D. B 1268-9

F 19613

19613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 Montebello Terrace 27th Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME William H. Rider

(a) Residence: No. 2802 Montebello Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B. Rider (Barnett)

6. DATE OF BIRTH (month, day, year) July 17, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	53	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.O. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.P.O.

10. Date deceased last worked at this occupation (month and year) Jan. 11, 1936

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles H. Rider

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah E. Shubbard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Anna B. Rider

(Address) 2802 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 15, 1936

19. UNDERTAKER Frederick Farquhar

(Address) 7401 Belair Road

20. FILED _____, 19__ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19__

Where did Injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul Schaefer, M. D. Coroner

(Address) 19 E. Monty Ave.

F 19614

19614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Carrel al. St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Simpson

(a) Residence: No. 211 Carrel alley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ++

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ++

17. INFORMANT Mrs. Peter Richards

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Ward School Date Jan 14 19 36

19. UNDERTAKER [illegible] of Ecker.

(Address) Pat. Wm. L. Ecker

20. FILED ... Registrar.

2020 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Suppuration and burns

Date of onset ...

Other contributory causes of importance: ...

Was an operation performed? Date of ...

For what disease or injury? ...

Name of operation Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 10, 1936

Where did injury occur? Balto. City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Burned, fire in kitchen range

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) O. Hann Coroner M. D.

(Address) 121 Hanover

19615 ✓ F 19615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 Jefferson St., 6-B Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John M. Müller

If U. S. Veteran specify WAR .....

(a) Residence: No. 2237 Jefferson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna J. Müller

6. DATE OF BIRTH (month, day, year) Aug. 3-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sheet Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1904

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John C. Müller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Loos

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna J. Müller

(Address) 2237 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Jan. 15 1936

19. UNDERTAKER Mrs C. Müller & Son

(Address) 2337 Jefferson St.

20. FILED JAN 14 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936, to Jan 12 1936

I last saw alive on Jan 4 1936. Death is said to have occurred on the date stated above, at 8:07 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Jan 5 36
Other contributory causes of importance: Chronic Endocarditis & Myocarditis	Jan 1936

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alma B Lemmon M. D.

(Address) 718 N. Patterson Park Ave

F 19616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH Maryland Gen'l. Hospital

CITY OF BALTIMORE: (No. ..... St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Sallie A. Sullivan

(a) Residence: No. 1702 N. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Washington Sullivan

6. DATE OF BIRTH (month, day, year) June 23 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME John W. Tydings

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Martha Ann Thomas

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Lula V. Burk
(Address) 1702 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Jan 17th 1936

19. UNDERTAKER Wm. Cook
(Address) 1217 St. Paul St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1936 to 1-14 1936

I last saw h.e.r. alive on 1-14-36 Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
	none

Other contributory causes of importance:

Coronary embolism.

Was an operation performed? Yes. Date of 1-10-36

For what disease or injury? Intestinal obstruction.

Name of operation Appendicostomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. L. Ewald M. D.

(Address) Maryland Gen'l Hospital.

F 19617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4208 Gorsland Ave St., 28-1 (Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. dz.

2. FULL NAME Lillie B. Wood

If U. S. Veteran? No

(a) Residence: No. 4208 Gorsland Ave St., Ward. Specify Ward Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married, Widowed, or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ WIFE of: Henry Wood

6. DATE OF BIRTH (month, day, year): Oct 31st 1860

7. AGE — Years: 75 — Months: 2 — Days: 12 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Wickesburg Pa.

FATHER

13. NAME: William B. Bartch

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Susan A. Edwards

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Wm B. Barriger 833 Pontiac Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: Lorraine Date: Jan 15th 36

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1935 to Jan 13, 1936

I last saw her alive on Jan 13, 1936 Death is said to have occurred on the date stated above, at 2.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Other contributory causes of importance:	
Ovarian Cyst	1916

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) John D Bulger M. D.

(Address) 4803 Park Heights Ave

19618 HEALTH DEPARTMENT—CITY OF BALTIMORE 19618

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Baltimore Gen'l

CITY OF BALTIMORE: (No. ..... St., 23 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joyce Sterling

(a) Residence: No. 1315 S. Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	/

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of / / /

6. DATE OF BIRTH (month, day, year) July 12, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / / /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. / / /

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry D. Sterling Md.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Helen C. Hancock

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henry D. Sterling (Father)
(Address) 1315 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/15 19 34

19. UNDERTAKER Fred. A. Krause & Son
(Address) 120 S. Charles St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 2. 1934 to January 13. 1934
I last saw h[illegible] alive on January 13. 1934 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	2
Empyema - Left	

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Thoracotomy Date of 1/9

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William George M. D.

(Address) South Balto. Hosp.

19619 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 19619

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 N. Chester St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louisa Houcke

(a) Residence: No. 1414 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Fem.	Wh.	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles Houck

6. DATE OF BIRTH (month, day, year) Dec 19 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84		24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 37 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER FATHER

13. NAME Joshua Dyson

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Susan Letzendeimer

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT Walter Houcke (Son)
(Address) 624 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/16 19 36

19. UNDERTAKER Fred. G. Frazier & Son
(Address) 1624 E. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1936 to Jan. 13 1936

Last saw her alive on Jan 13 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (Indef.)	
Other contributory causes of importance:	
Exhaustion	1/11/36

Was an operation performed? None Date of

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1/14/36 (Signed) H. A. Campbell M. D.
(Address) 1644 Hanover St

F 19620 F 19620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 N. Monroe St. St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Birdie May Reister

If U. S. Veteran specify WAR .....

(a) Residence: No. 324 N. Monroe St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Reister

6. DATE OF BIRTH (month, day, year) Sept. 27, 1879.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Reamer Keller

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Ann A. Cooters

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT John D. Reister
(Address) 324 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan. 15, 19 36

19. UNDERTAKER Harry F. Kittle
(Address) 2101 Edmondson Ave.

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1936 to Jan 17 1936

I last saw her alive on Jan 12 1936 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Brain	

Other contributory causes of importance: Chr. Nephritis,

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) George E. Shannon M. D.

(Address) 700 N. Fulton Ave

F 19621

F 19621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 13-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Berry St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Price.

(a) Residence: No. 608 Berry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard Price

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret A. Face.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Alveta Peeve.

(Address) 608 Berry St

18. BURIAL, CREMATION, OR REMOVAL

Presbyterian, Saturday 18. 1936

19. UNDERTAKER Chenoweth Son

(Address) 3615 17 Chelmut Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1936

22. I HEREBY CERTIFY, That I attended deceased fr Nov 13, 1935 to Jan 14, 1936

I last saw h alive on Jan 14, 1936 Death is said to have occurred on the date stated above, at 2:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 2 1

Other contributory causes of importance:

0	
Hypostatic Pneumonia	Jan 12

Was an operation performed? 0 Date of

For what disease or injury? None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

19622 F 19622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Yrs.~~ ~~mos.~~ ~~da.~~ How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

2. FULL NAME Thomas D Kinnigan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1700 Fleet St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Ret~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME William Kinnigan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Dunnavan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Bureau - Hosp Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Bethel Cem Date 1/16/36

19. UNDERTAKER N. Sanders & Sons. Inc (Address) 1710 Fleet st

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 .36.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936. to Jan. 14, 1936.

I last saw him alive on Jan 14, 1936. Death is said to have occurred on the date stated above, at 9:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate	
Carcinoma of Penis	1933
Senile Arteriosclerosis	over 1

Other contributory causes of importance:

Bronchial Pneumonia

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Warren Albrittain M. D.

(Address) University Hospital

F 19623

F 19623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 2-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Charles Joseph Taporzycki

(a) Residence: No. 508 S. Bethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) Jan 9 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 5	1/2 months	Pregnancy	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. premature infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt City Hos. Balto Md.

FATHER

13. NAME Victor Taporzycki Sr.

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Victoria Czarnecka

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Victor Taporzycki

(Address) 508 S. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 1-15 1936

19. UNDERTAKER J. J. Turley & Sons

(Address) 1314 Light St

20. FILED Jan 11 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance: Unknown

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify premature birth

(Signed) H. H. Wells Coroner, M. D.

(Address) 1014 S. Wolfe St

F 19624

19624 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bald City Hosp St. 5-1 Ward)

Length of residence in city or town where death occurred 20 yrs. ...mos. ...da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ....

2. FULL NAME Elizabeth Ringgold

(a) Residence: No. 131 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William

6. DATE OF BIRTH (month, day, year): Jan 2, 1873

7. AGE: Years: 63 75 ? | Months: | Days: 11 | If LESS than 1 day, ...hrs. or ... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Son.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson's Cem. Date 1-16- 1936

19. UNDERTAKER: Bascom Mamie H. Wright
(Address) 1218 Pine & Liberty St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1936 to 1/13 1936

I last saw her alive on 1/13 1936 Death is said to have occurred on the date stated above, at 2 45 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset Sept ?

Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Bald City Hosp

FEB 1936

19625
3084 59

F 19625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-B-107-W

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 17-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Nicholas Williams

(a) Residence: No. 3411 Brentwood ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) 4-19-72

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewer do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alexander Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Darsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Cem. Date 1-15- 1936

19. UNDERTAKER Byron Francis W. Wright
(Address) 1218 N. Caroline St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Jan 12, 1936

I last saw him alive on Jan 12, 1936. Death is said to have occurred on the date stated above, at 2 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm, Syphilitic, of aorta.	5 years ago

Other contributory causes of importance:

Bronchopneumonia	2 days ago

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Joseph T. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

F 19626 F 19626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2440 Foster. Ave. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. .....

2. FULL NAME Eva. Yichter

(a) Residence: No. 2440 Foster. Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Frank Yichter.

6. DATE OF BIRTH (month, day, year) Feb. 4/1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. (037)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Ott

16. BIRTHPLACE (city or town) (State or country) German

17. INFORMANT Mary. Yichter.
(Address) 2440 Foster. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer. Date Jan. 17/36

19. UNDERTAKER Lilly & Feiler Inc.
(Address) 402 S Broadway

20. FILED ..... (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13/36 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 35 to Jan. 13 1936

I last saw ~~her~~ alive on Jan. 12 1936. Death is said to have occurred on the date stated above, at 1/30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Senility	6 mos
(b)	
(c)	over

Other contributory causes of importance: Cardiac failure

Was an operation performed? No Date of —

For what disease or injury?

Name of operation none Date of No

What test confirmed diagnosis? Clinical Autopsy there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Neer M. D.

(Address) 402 S. Broadway

F 19627

F 19627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes' Hospital St., 2356 Eutaw Ward)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Mary Agnes Richardson

(a) Residence: No. 5125 Sunalwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Albert Richardson

6. DATE OF BIRTH (month, day, year) July 22. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph E. Casey

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lydia Chaney

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Albert Richardson

(Address) 5125 S. Sunalwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Jan 15 1936

19. UNDERTAKER H. B. Hilbert & Son

(Address) 1300 Eutaw Place

FILED JAN 15 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12. 1936

22. I HEREBY CERTIFY, That I attended deceased from January 6. 1936. to January 12. 1936

I last saw h~~er~~ alive on January 12. 1936. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset .....
Abdominal carcinomatosis — Date of onset .....
Arteriosclerotic cardio-vascular disease. — Date of onset .....

over

Other contributory causes of importance:

Was an operation performed? Yes. Date of January 11, 1936

For what disease or injury? Intestinal Obstruction

Name of operation Exploration of abdomen Date of Jan 11, 1936

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Karl F. Meck M. D.

(Address) St. Agnes' Hospital

F 19628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19628

93-C

Registered No. 9-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 GORSUCH AVE. St., 9-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ANNIE M. CAVANO

(a) Residence: No. 1733 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Cavano

6. DATE OF BIRTH (month, day, year) July 31-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Israll Griffin

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Martha Strother

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mr. George E. Cavano

(Address) 1733 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 15-36

19. UNDERTAKER E. G. Stoneterson

(Address) 1300 Eutaw Place.

Registrar.

20. FILED JAN 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12-36 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 11 36, 19.., to Jan 12 1936, 19..

I last saw her alive on June 12 1936 Death is said to have occurred on the date stated above, at 7.05 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset 1/9 36

Myocarditis — ? 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Necropsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Edd Talbott M. D.

(Address) 2307 Eutaw Place

19629 HEALTH DEPARTMENT—CITY OF BALTIMORE 19629

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp St., 17-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Richard Emory
(a) Residence: No. 610 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	16			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Richard Emory
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Laura Smith
(Address) 610 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/15 19 36

19. UNDERTAKER Wm A Jackson
(Address) 916 E Pennsylvania Ave

20. FILED JAN 15 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/9, 1936 to 1/12, 1936
I last saw him alive on 1/12, 1936 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic nephritis Uremia — Date of onset ?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...
Where did Injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reite M. D.
(Address) Balto City Hosp.

F 19630

19630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 513 Wyatt St.) St. 70-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Griggs

(a) Residence: No. 2358 Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			6 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME James M Griggs

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Pauline Knell

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Walter G Knell
(Address) 2358 Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 16, 1936

19. UNDERTAKER Leroy Wedge
(Address) 4209 Harford Ave

FILED JAN 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h.. alive on Jan 14, 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	

Other contributory causes of importance:
Premature birth (5½ months gestation)

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James P. Scott M. D.

(Address) 705 Medical Arts Bldg

F 19631 F 19631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 92-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-3 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Gubb Herrmann

(a) Residence: No. 2641 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Sept. 5, 1908

7. AGE — Years: 27 | Months: 4 | Days: 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hospital work

10. Date deceased last worked at this occupation (month and year): Jan. 1934

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Edwin W. Herrmann

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Florence Gubb

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Mr. Edwin W. Herrmann 2641 N. Calvert.

18. BURIAL, CREMATION, OR REMOVAL. Place: London Park Date: Jan 17, 1936

19. UNDERTAKER (Address): Wm. J. Tuckner Son, North & Linden Aves.

20. FILED ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13th, 1936, to Jan. 14th, 1936.

I last saw him alive on Jan 12th, 1936. Death is said to have occurred on the date stated above, at 5.02 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	?
Mitral stenosis & insuff.	?

Other contributory causes of importance:

Paroxysmal Tachycardia	1-12-36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward H. Hoge, M. D.

(Address) Union Memorial Hosp.

19632 F 19632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2108 Brookfield Ave St., 13-2 Ward)
Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Frances Virginia Davis

(a) Residence: No. 2108 Brookfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

MOTHER FATHER

13. NAME George H Davis

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Margaret E Waters

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Miss Minnie Davis.
(Address) 2108 Brookfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Md Date Jan 15 1936

19. UNDERTAKER Nicholas & Sons
(Address) North & Penna.

20. FILED 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1935 to Jan. 13, 1936
I last saw her alive on Jan. 12 1936 Death is said to have occurred on the date stated above, at 1 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis.	1930
Other contributory causes of importance: cardiac insufficiency.	1/6/36

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George H Kupp M. D.
(Address) 3530 Edmondson Ave.

F 19633 Marcus E. Murray F 19633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

16-5

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marcus E. Murray

(a) Residence: No. W. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Scott Murray

6. DATE OF BIRTH (month, day, year) September 18, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Robert E. Rosen

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation 21 yrs.

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

FATHER

13. NAME Lemuel E. Murray

14. BIRTHPLACE (city or town) (State or country) Nelson Virginia

MOTHER

15. MAIDEN NAME Mary Louise Stuart

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Marion I. Murray

(Address) 2405 Lenvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lynchburg, Va. Date Jan. 15 1936

19. UNDERTAKER Theodore Rook

(Address) 1330 W. Fayette St.

20. FILED Jan 15 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 19..., to Jan 12th 1936, 19...

I last saw him alive on Jan 12th 1936, 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Jan 7 1936
Other contributory causes of importance: Influenza	Dec 4 1935

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard F. Feuerborn M. D.

(Address) 2023 Arunah Ave.

M. D. P. F-9 F 19634

F 19634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Patapsco St. 22-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant of Mr + Mrs John F. Hohlbein

(a) Residence: No. 1722 Patapsco St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. ~~Single, Married, Widowed,~~ or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 14/36

7. AGE: Years — | Months — | Days — | If LESS than 1 day, hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John F Hohlbein

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Ruth M Myers

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Mr John F Hohlbein 1722 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Olivet Cem Date Jan 15 1936

19. UNDERTAKER: Geo L. Berger Sr (Address) 102 Wellington

20. FILED 1936 Registrar

JAN 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1936 to Jan 14 1936

I last saw h[illegible] alive on Jan 14 1936 Death is said to have occurred on the date stated above, at 2:55 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Asphyxia

Other contributory causes of importance:

Congenital

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, [illegible]

1/14/36 (Signed) R. E. L. Campbell M. D.

(Address) 1644 Hanover St

Lipstein

9635

HEALTH DEPARTMENT—CITY OF BALTIMORE 19635

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 23 yrs. ..... mos. ..... ds.

2. FULL NAME Lena Lipstein (Rea)

If U. S. Veteran specify WAR .....

(a) Residence: No. 249 N. Luzerne Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Meyer

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Lipman Nachman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Meyer Lipstein

(Address) 249 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Sinai & Herman Hill Rel - 1-16-36

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Balto. St.

20. FILED ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1935, to January 17, 1936.

I last saw her alive on January 17, 1936. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Arteriosclerosis	
Chronic myocarditis	
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Spear M. D.

(Address) Sinai Hospital

M. D. P. 1268-9

F 19636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19636

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 W. Lanvale St., 16-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Margaret Dell

(a) Residence: No. 1609 W Lanvale St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov. 16 - 1919

7. AGE: Years 16 | Months 2 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME Roland Dell

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME Alice Bess

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Mrs. Alice Dell Haraty

(Address) 1609 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 18. 1936

19. UNDERTAKER: Samuel H. Chase Sons

(Address) 638. N. Gilmor

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1936 to Jan 14th 1936

I last saw her alive on Jan 14th 1936 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/5/36
Acc. Auricular Arthritis	1/11/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) 1781 Druid Pl.

F 19637

F 19637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rogers Ave. Aged Home St., 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen M. Covington

(a) Residence: No. Rogers Ave. Aged Home MT. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 22. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME George W. Covington

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Helen Busick

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Etta Cuddy

(Address) Aged home of M.E. Church

18. BURIAL, CREMATION, OR REMOVAL

Place Still Pond Kent Co. Jany 16. 1936

19. UNDERTAKER John C. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar. ..... M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 14. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 ..... 36 to Jan 14 36

I last saw her alive on June 13 ..... 1936 Death is said to have occurred on the date stated above, at 7 30 A m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis — Date of onset .....
Chr. Pleuris Empyema — .....
Sinus. — .....

Other contributory causes of importance:

Chr. Nephritis. — .....

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo E. Hamm M. D.

(Address) 700 N. Fulton Ave.

F 19638

F 19628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 5-1 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Ridgely Hatfield

(a) Residence: No. 607 Lamont St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lee Sattler Hatfield

6. DATE OF BIRTH (month, day, year) Nov 8, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	65	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME Charles Dorsey Hatfield

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Isabella Hatfield

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Harry R. Hatfield Jr
(Address) Ruxton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Jan 16 1936

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED JAN 15 1936, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12th 1936, to Jan. 14th 1936

last saw him alive on Jan. 14th 1936. Death is said to have occurred on the date stated above, at 8:31 P.m.

The principal cause of death and related causes of importance were as follows:

Cancer Hepatic Carcinoma (Secondaries) — Date of onset ?

Other contributory causes of importance:

Ruptured Esophageal Varix — 1/12/36

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howard A. Lowe M. D.

(Address) Union Memorial Hosp

AaCo. 5-31 2508

F 19639 HEALTH DEPARTMENT CITY OF BALTIMORE F 19639

CERTIFICATE OF DEATH

107-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Gold St. 15-1 Ward)

Length of residence in city or town where death occurred 26 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Alice Hynson

(a) Residence: No. 602 Gold St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Milton D Hynson

6. DATE OF BIRTH (month, day, year): April 8, 1904

7. AGE: Years 31 | Months 8 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sykesville Md

MOTHER FATHER

13. NAME: George Green

14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

15. MAIDEN NAME: Sarah Rebbottom

16. BIRTHPLACE (city or town) (State or country): Carroll Co Md

17. INFORMANT: Milton Hynson
(Address) 602 Gold St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/16, 1936

19. UNDERTAKER: Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936 to Jan 13, 1936
last saw her alive on Jan 13, 1936 death is said to have occurred on the date stated above, at 10.45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagn Req Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. T. Howell M. D.

(Address) 607 N Arrowline Ave

F 19640

F 19640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 784 Bradley St., 17-3 Ward)

Length of residence in city or town where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Brown

(a) Residence: No. 784 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joshua Brown

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Joshua Brown

(Address) 784 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/16 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Greenmount St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 36

22. I HEREBY CERTIFY, that I attended deceased from Jan 10 36 to Jan 12 36

I last saw h[illegible] alive on Jan 9 36 Death is said to have occurred on the date stated above, at 10:24 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	1/10 1936
Other contributory causes of importance	

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Thomas E. Kelson M. D.

(Address) 1303 Greenmount St

F 19641

H. D. B. 1268-9

F 19641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N Stricker St., 19-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcella Clifford

(a) Residence: No. 417 N Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: negro

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Alfred Clifford

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 84; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: Wm Hughes

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Lydia Brandy
(Address) 417 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/16, 1936

19. UNDERTAKER: Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935, to Jan 12, 1936

I last saw h-er alive on Jan 12, 1936 Death is said to have occurred on the date stated above at 11.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	May 8, 1935

Other contributory causes of importance: Generalized Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) M. L. Adams M. D.

(Address) 726 E 31st St

M. D. B. 1268-9

F 19642

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19642

CERTIFICATE OF DEATH

82-A

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 Edmonson ave. St., 16-1 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Jones

(a) Residence: No. 1040 Edmonson ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Wid.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Jones 1856 1879

6. DATE OF BIRTH (month, day, year) Dec. 17th

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lenordtown, Md. (State or country)

FATHER

13. NAME Richard Butler

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) St. Marys Co.

17. INFORMANT Lizzie Diggs
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/15 1936

19. UNDERTAKER Thomas E. Welson
(Address) 1303 Presbury st

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7th 19 to Jan 12 19 36

I last saw her alive on Jan 11th 1936 Death is said to have occurred on the date stated above, at 9.00p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 7 1936

Other contributory causes of importance: Unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

✓ F 19643

19643
3082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10-1 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gardner Harton

(a) Residence: No. 1310 E Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 6-12-35

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER'S MAIDEN NAME

13. NAME Nash Harton

14. BIRTHPLACE (city or town) (State or country) N C

15. MAIDEN NAME Alberta Mitchell

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936 to Jan 13, 1936

I last saw him alive on Jan 13, 1936 Death is said to have occurred on the date stated above, at 855 p m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, acute primary

Date of onset 1-4-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in following:

Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? ..... (Specify city or town, county)

Specify whether injury occurred in industry, in home or public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to .....

If so, specify .....

(Signed) Martin M. Pease

(Address) [illegible]

M. D. B. 1268-9

Amos ✓ F 19644

F 19644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 S. Bethel St., 3-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Ames If U. S. Veteran specify WAR .....

(a) Residence: No. 134 S Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 24-1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
X X 0	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... wdo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Earl Ames

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Ames
(Address) 134 S Bethel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Dec 15 1936

19. UNDERTAKER E. L. Elliott-Davis Co
(Address) 1119 Madison Ave

20. FILED ..... 19 ..... Registrar

NOV 15 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, autopsy or inquiry)
obtained by said inquest find that said deceased came (Inquest, autopsy or inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	Jan 13 1936
Other contributory causes of importance: Cerebral Hemorrhage	Jan 12 1936

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George J. Miller, M. D.
Coroner

(Address) 50 Orsquith Ct

19645

HEALTH DEPARTMENT—CITY OF BALTIMORE

19645

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Southern ave St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Beulah Blank

(a) Residence: No. 2810 Southern ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel W Blank.

6. DATE OF BIRTH (month, day, year) March 9, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N J

FATHER

13. NAME James Parker

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME Caroline Wyandotte

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas P Blank

(Address) 2131 Dukeland St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 16, 1936

19. UNDERTAKER Edward E Evans

(Address) Fulton & Baker Sts

20. FILED JAN 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 35, 19... to Jan 1936

I last saw her alive on 16 Jan 1936 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Infiltration — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Chas E Wallace M.D.

(Address) 1031 St Paul St

F 19646

19646 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3750 Tudor Arms Apts. Ward) 13-1

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jemima E. Campbell

(a) Residence: No. 3750 Tudor Arms Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C.

6. DATE OF BIRTH (month, day, year) July 31 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	5	13	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rebecca Boone

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henry Campbell
(Address) 3750 Tudor Arms Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan. 16 1936

19. UNDERTAKER Martin Fisher & Sons
(Address) 1507 Eutaw Pl.

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936 to Jan 14 1936

I last saw h alive on Jan 13 1936. Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	?
Other contributory causes of importance: Hypostatic pneumonia	Dec 24 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical examination No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) George M. Settle M. D.

(Address) 24-30 Maryland Ave

(over)

19647

F 19647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital St. Ward)

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Ingram

(a) Residence: No. 2748 Riverside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 13, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Born dead			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Ingram

14. BIRTHPLACE (city or town) (State or country) Laurel, Md.

MOTHER

15. MAIDEN NAME Sarah Gardiner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Dr. Alessi
(Address) West Balto. Gen. Hos.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 15, 1936

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St.

20. FILED Jan 15 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1936 to January 17, 1936.

I last saw him alive on January 13, 19 36 Death is said to have occurred on the date stated above, at 1.40a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 26 wks	1/13/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. J. Alessi M. D.

(Address) West Baltimore Gen. Hospital

JAN 15 1936

Registrar.

M. D. B. 1268-9

9648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19648

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 8-5 Ward) 1152

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thelma Vera Krausz

(a) Residence: No. 1645 Cliftview Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/17/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Elbert Krausz

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ethel Dorr

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Elbert Krausz (Father)

(Address) 1645 Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Jan. 16, 1936

19. UNDERTAKER George J. Ruth Inc

(Address) 1735 Harford Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis L left leg (origin undetermined)	

Other contributory causes of importance:

Septicemia	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Ahrenbeck Coroner, M. D.

(Address) 919 E. North ave.

V F 19649

19649 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St., 4-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nancy Elizabeth Jeffi Easton Lewis Oak + Lanyan

(a) Residence: No. Essex, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 - 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	20 8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Anthony Jeffi

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Loretta Brightwell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mother.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/17/36 19

19. UNDERTAKER Geo. J. Roth Inc.

(Address) 1301 E. Lafayette Ave.

20. FILED Huntington Ave. Funeral Home

JAN 15 1936

MEDICAL CERTIFICATE OF DEATH O

21. DATE OF DEATH (month, day, year) 1-17 — , 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-9 — , 1936, to 1-14 — , 1936.

I last saw h[illegible] alive on 1-14 — , 1936. Death is said to have occurred on the date stated above, at 9:05 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia. (Grip)

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lawrence H. Mills M. D.

(Address) Mercy Hospital.

F 19650

19650 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ..... University Hospital St., 15-10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary F Owings
If U. S. Veteran specify WAR .....

(a) Residence: No. 4106 Ridgewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Fred Owings

6. DATE OF BIRTH (month, day, year) Oct 4/1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James B McCurley
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary F Evalt
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT J Fred Owings
(Address) 4106 Ridgewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Jany 16 1936

19. UNDERTAKER Harry A Abrahamson & Son
(Address) 4264 Ridgewood Ave

20. FILED Huntington Pittsburgh Sept

5-1350

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1936 to 1-14 1936
I last saw h alive on 1-14 1936 Death is said to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
Other contributory causes of importance: Secondary anemia	

Was an operation performed? Yes Date of January 1 1936
For what disease or injury? Carcinoma of rectum
Name of operation Colostomy Date of Jan 1936
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Faw M. D.
(Address) University Hospital

F 19651

F 19651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21-1 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Engroff

(a) Residence: No. 837 Woodward St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Engroff

6. DATE OF BIRTH (month, day, year) April 21, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reinle Salmon & Co

10. Date deceased last worked at this occupation (month and year) Dec. 24, 1935

11. Total time (years) spent in this occupation 17. Yrs

12. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER FATHER

13. NAME Adam Engroff

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unrnown

17. INFORMANT Laura Engroff

(Address) 837 Woodward St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 16, 1936

19. UNDERTAKER Mc & Mus. John W. Teufel & Son

(Address) 811 W. Fayette St

20. FILED , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury Dec. 25, 1935

Accident, suicide, or homicide?

Where did injury occur? Reinle Salmon & Co Warner & Gristand, Bal. (City or town) (State)

Specify whether injury occurred in Balto. Md. or in public place Industry

Manner of injury Fell down Steps

Nature of injury Concussion of Chest

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell while Working.

(Signed) H. Schmeltz M. D. Coroner

(Address) 2737 W. Mary 9.

19652 ✓ F 19652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5101 Glenmore Ave. 24th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Blanche Bernstein

(a) Residence: No. 5101 Glenmore Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Percy Bernstein

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Myer Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Solomon

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Percy Bernstein
(Address) 5101 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL Date 1-15-36 19
Place Rehum Israel

19. UNDERTAKER Joel Lewis Lee
(Address) 1439 E. Baltimore St. Funeral for Private

20. FILED ..... 19 ..... Registrar

1-17-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935 to Jan 15, 1936

I last saw h[illegible] alive on Jan 14, 1936 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervical	Sept 10
Bleeding from vagina	
on abdomen	

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 14

For what disease or injury? Carcinoma

Name of operation Removal of Gland Date of Oct 14
diagnosis

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Simonds M. D.

(Address) 4509 Liberty Hgts

H. D. P. 1268-9

F 19653

F 19653 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lemdale

CITY OF BALTIMORE: (No.) Hebrew Home for aged St. 22-17 (Ward)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Rose Goldman

(a) Residence: No. Released to keep pending Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Samuel Goldman

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 73 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Aged Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Sig. Feinblatt Belvidere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL — Date: 1-16-36

Mark Rd

19. UNDERTAKER (Address): Sol. Levin & Sons Inc. 1799 E. Baltimore St.

20. FILED N 15 1936 19 Registrar: Thomas J. Pullen, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-29 1935 to 1-15 1936

I last saw h.. alive on 1-15 1936 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1-13-36
Chr. card. vascular disease	
Mitral Insufficiency	
Hyper tension	

Other contributory causes of importance:

Chr. Bronchitis	1

Name of operation: Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin M. D.

(Address) Lemdale

No. B. 19654 ✓ F 19654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1419 E. Monument St.

CITY OF BALTIMORE: (No. ..... St., 5-1 (Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannis Frida Roth.

(a) Residence: No. 1419 E Monument St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Paul Roth

6. DATE OF BIRTH (month, day, year) April 22, 18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc home

10. Date deceased last worked at this occupation (month and year) [illegible] | 11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Cecil Md.

FATHER

13. NAME John Foster

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliza Kinsey

16. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

17. INFORMANT Mrs Mae Welsch
(Address) 2609 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Jan. 17th 1936

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11 1936 to Jan. 13 1936

I last saw h[illegible] alive on Jan. 13 1936 Death is said to have occurred on the date stated above, at 10 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	1/13/36
Other contributory causes of importance: Arterial + aortic insufficiency myocarditis	1/10/36

Name of operation none Date of

What test confirmed diagnosis? Signs + findings Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. C. Dobbs M. D.

(Address) 447 N. Kenwood Ave

M. D. B. 1268-9

19655 ✓ F 19655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Hanover St. St. 23-1 Ward)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Plitt.

(a) Residence: No. 1028 Hanover St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Plitt.

6. DATE OF BIRTH (month, day, year) April 11/1853.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Varnisher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country): Germy

FATHER

13. NAME: David Plitt.

14. BIRTHPLACE (city or town) (State or country): Germy.

MOTHER

15. MAIDEN NAME: Dorthea Wager.

16. BIRTHPLACE (city or town) (State or country): Germy.

17. INFORMANT: Minnie Plitt.

(Address): 1028 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan 16, 1936

19. UNDERTAKER: E. Sokolowski & Son

(Address): 1039 Hanover st

20. FILED ... 19... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14th. 1934 to Jan. 13, 1936

I last saw him alive on Jan. 13, 1936. Death is said to have occurred on the date stated above, at 3 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	Feb. 14 1934

Other contributory causes of importance:

- - - - - - - -

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify - - -

(Signed) Harry Levitt M. D.

(Address) 1224-1226 Hanover St.

✓ F 19656

9656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 57

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 4-K Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME William Hanson.

(a) Residence: No. ~~Hat~~ Pomfret, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~): Regina Hanson

6. DATE OF BIRTH (month, day, year): Dec 23 1872

7. AGE: Years 63; Months; Days 22; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farming
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md.

FATHER
13. NAME: John Hanson
14. BIRTHPLACE (city or town) (State or country): md.

MOTHER
15. MAIDEN NAME: Julia Turner
16. BIRTHPLACE (city or town) (State or country): md.

17. INFORMANT (Address): Regina Hanson Pomfret, Md

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Pomfret, Md. Date Jan 15 1936

19. UNDERTAKER (Address): Hewett & Ryon Waldorf, Md.

20. FILED JAN 15 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1936 to Jan. 15 1936
I last saw him alive on Jan. 15 1936 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia	
Senility	—
Generalized Arteriosclerosis	

Other contributory causes of importance:
Arteriosclerosis Arteritis

Was an operation performed? no Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Charles S. Hoddland, M. D.
(Address) University Hospital

19657 ✓ F 19657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Washington

(a) Residence: No. 2611 Hodgrove Ave St., Ward. Baltimore, Maryland
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 11, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Elmer Washington

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah Lovett

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. Md Date Jan 10 1936

19. UNDERTAKER

(Address)

20. FILED ... Registrar

2023

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11 1936

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1936 to January 11, 1936

I last saw her alive on Jan 11, 1936 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset Jan 11

Other contributory causes of importance:

Spontaneous abortion

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Dalrymple, M. D.

(Address) Univ. Hosp.

19658 F 19658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fred Sykes If U. S. Veteran specify WAR

(a) Residence: No. Leonardtown Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/10/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Fred Sykes

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Helen Rogers

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Leonardtown Md Date 1/15 1936

19. UNDERTAKER W. C. Mattingly
(Address) Leonardtown Md

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10. 1936 to Jan 15. 1936

I last saw him alive on Jan 15. 1936 Death is said to have occurred on the date stated above, at 6.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death	Date of onset
?? Brain abscess	1	1/8/36
Pneumonitis —	1	1/13
Otitis media		1/10

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/13.

For what disease or injury? ? Brain abscess

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lydia B Edgerton M. D.
(Address) Johns Hopkins

F 19659

19659 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8324 Chapel St., 7-5 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Mathause

If U. S. Veteran specify WAR .....

(a) Residence: No. 8324 Chapel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Mathause

6. DATE OF BIRTH (month, day, year): [illegible]

7. AGE: Years: 70; Months: ; Days: ; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Czecho Slovakia

FATHER

13. NAME: Wenceslaus Florianek

14. BIRTHPLACE (city or town) (State or country): Czecho Slovakia

MOTHER

15. MAIDEN NAME: Barbra Todolk

16. BIRTHPLACE (city or town) (State or country): Czecho-Slovakia

17. INFORMANT (Address): Vojtech Florianek 8234 Chapel St

18. BURIAL, CREMATION, OR REMOVAL: Place: Holy Redeemer Date: Jan 17 19 36

19. UNDERTAKER (Address): Frantz Leach & Son 1906 Eutaw Place

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 14 36

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 36 to Jan 14 36

I last saw her alive on Jan 14 36. Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Jan 5

Other contributory causes of importance: Strangulated Hernia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) William J. Florianek, M. D.

(Address) 801 Leadenhall

9660

✓ F 19660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert and 32nd St.) 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME (Unnamed) Baby Murphy

(a) Residence: No. 2822 Alvarado Square St., Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 11, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Christopher C. Murphy

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Elizabeth Biel

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT mother

(Address) 2822 Alvarado Square, City

18. BURIAL, CREMATION, OR REMOVAL

Place U. M. Hospital Date 1-14 1936

19. UNDERTAKER .....

(Address) .....

20. FILED 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11 1936

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Jan. 11 to 1936. 19 ...

I last saw her alive on 1-11-36, 19 . Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia 4½ mos	1-11-36

Other contributory causes of importance:

none

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank K. Drayer M. D.

(Address) 1129 E Calvert St.

9661 ✓ F 19661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp't Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Maumann If U. S. Veteran specify WAR

(a) Residence: No. 1029 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-23-1866

7. AGE: Years 69 | Months 4 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Philip Maumann
14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER
15. MAIDEN NAME Catherine Domm
16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Balto. City Hosp't
(Address) Recorded

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 16. 1936

19. UNDERTAKER John Deeck
(Address) 2008 Aliceanna

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-4-36 to 1-13 1936
I last saw him alive on 1-13 1936 Death is said to have occurred on the date stated above, at 11 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old pulmonary Tuberculosis	?
	?
Other contributory causes of importance: Pleural Effusion Right	?
Varicose ulcers of legs	?

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Post mortem Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Robt J. Manton M. D.
(Address) Balto City Hosp

19662 ✓ F 19662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ada Bell Lautenklos

(a) Residence: No. 1507 Lakeside Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lautenklos

6. DATE OF BIRTH (month, day, year) Sept. 12 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Siegel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dorothea

16. BIRTHPLACE (city or town) (State or country) Dorf Kurn

17. INFORMANT John Lautenklos, (Address) 1507 Lakeside ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 18, 1936

19. UNDERTAKER John Ulrich (Address) 2008 Eutaw

20. FILED Jan. 18, 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1936 to January 15, 1936

I last saw her alive on January 15, 1936 Death is said to have occurred on the date stated above, at 8 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute cholecystitis	

Other contributory causes of importance:

1. Chronic myocarditis
2. Cerebral embolism

Was an operation performed? Yes Date of 1-4-36

For what disease or injury? Acute cholecystitis

Name of operation Cholecystostomy Date of 1-4-36

What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

✓ F 19663

19663 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Gibbons ave St., 27-6 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A Carroll

(a) Residence: No. 2911 Gibbons ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hammett H Carroll

6. DATE OF BIRTH (month, day, year) Oct 26 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER FATHER

13. NAME John W Engle

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas E Kirkpatrick

(Address) 2911 Gibbons ave

18. BURIAL, CREMATION, OR REMOVAL

Place Solomons Island Jan 16 36

19. UNDERTAKER John Wm St

(Address) 200 E Preston

20. FILED 19 Registrar

1-15-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Jan 14 1936

I last saw h alive on Jan 14 1936 at 9 a.m. Death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction 2 wks
Hypertension 2 yrs
Arteriosclerosis 2 yrs

Other contributory causes of importance:

Acute Cardiac Decompensation 12 hrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Not Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T H Kirkpatrick M.D.

(Address) 2911 Gibbons ave

M. D. B. 1268-9

F 19664

19664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 N. Milton Ave. St., 6-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph S. Kelso

If U. S. Veteran specify WAR .....

(a) Residence: No. 215 N. Milton Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Lillie Kelso

6. DATE OF BIRTH (month, day, year) July 31, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5-5	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk - 9

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. J. Kelso

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lillie Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lillie Kelso

(Address) 215 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 17, 193

19. UNDERTAKER John Merrid

(Address) 2005 Orleans

20. FILED ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/17, 1936.

Where did injury occur? 215 N. Milton Ave. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home —

Manner of injury Put gas hose in mouth

Nature of injury Carbon monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1919 E. North Ave.

F 19665

19665 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6111 Fair Oaks Ave St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Margaretha Kaiser

(a) Residence: No. 6111 Fair Oaks Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaretha Kaiser

6. DATE OF BIRTH (month, day, year) June 7, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Drug Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Simon F. Kaiser

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Sophia Lehning

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaretha Kaiser

(Address) 6111 Fair Oaks Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Jan 17, 1936

19. UNDERTAKER John Uhler & Sons

(Address) 2006 Eutaw

20. FILED 19 Registrar.

JAN 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1935, to January 14, 1936.

I last saw her alive on January 14, 1936. Death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset

Dyspnea & Oedema of limbs

Arter. Sclerosis of Heart

Other contributory causes of importance:

Senescence Yrs.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. D. Carman M. D.

(Address) 1701 N. Carolina St

F 19666

M. D. B 1268-9

19666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 11-4

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thaddeus Lee Noel
If U. S. Veteran specify WAR

(a) Residence: No. 1213 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Noel

6. DATE OF BIRTH (month, day, year) April 20 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll County (State or country) Maryland

FATHER

13. NAME George Noel

14. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

17. INFORMANT Mrs Roy H. Carter (daughter)
(Address) 4622 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Westminster Md Date Jan 16 1936

19. UNDERTAKER Albert W Berryman
(Address) 702 Mathews

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	
Other contributory causes of importance: Aortic insufficiency	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. W. Wright, M. D. Coroner

(Address) 101 S. Calvert St.

H. D. B. 1268-9

✓ F 19667

19667 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 447 E. 22nd St St. 12-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Kelty

(a) Residence: No. 447 E 22nd St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6b. DATE OF BIRTH (month, day, year): — — 1866

7. AGE: Years 70; Months —; Days —; If LESS than 1 day, hrs. or min. —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER FATHER

13. NAME: James Kelty

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Honora B Neill

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Mary E Bridgwell

(Address) 447 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: Jan 16, 1936

19. UNDERTAKER: Mary M Middlewell

(Address) 501 E 22nd St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/13/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to 1/13/36, 19

I last saw her alive on 1/13/36, 19. Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio-Renal disease
arteri-Sclerosis.

Date of onset

Other contributory causes of importance: Hypostatic Pneumonia

Name of operation — Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Kyle W Lollar M. D.

(Address) 5103 Harford Rd

F 19668 F 19668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 2215 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Katie Matthews If U. S. Veteran specify WAR No Record

(a) Residence: No. 2211 Rogers Ave. St., Ward. Mt. Washington

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A Matthews

6. DATE OF BIRTH (month, day, year) Sept 8-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 yrs.	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Several years ago. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William F. Shaw

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sara Jane Rogers

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hosp records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 1/17 1936

19. UNDERTAKER Wilmain Bodie

(Address) 1217 St Paul Street

20. FILED JAN 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1935 to Jan. 15 1936

I last saw her alive on Jan 16 1936 Death is said to have occurred on the date stated above, at 6 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	2 yrs.
Cholelithiasis	

Other contributory causes of importance:

Myocarditis	3 mo.

Was an operation performed? yes Date of 1-14-36

For what disease or injury? Cholelithiasis

Name of operation Cholecystectomy Date of 1-14-36

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W Bangley M. D.

(Address) Maryland General Hosp

F 19669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19669

87-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Schraumm

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 1836 Westphal Place Ward. .....

(Usual place of abode) City 60 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Schraumm

6. DATE OF BIRTH (month, day, year): Apr. 22. 1872

7. AGE: Years 63 | Months 8 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: Gunkel

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Catherine Hoffmaister

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Henry Jos Shraumm

(Address) 1834 Byrd Street

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date 1/17 1936

19. UNDERTAKER: William Coop

(Address) 1217 St Paul St

20. Filed 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/6 1936 to 1/14 1936

I last saw her alive on 1/14 1936 Death is said to have occurred on the date stated above, at 12 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pseudobulbar palsy	2 yr.
Arteriosclerosis	2

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

B 07447 3

F 19670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Grace N. Stallings

(a) Residence: No. 3618 Manchester Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Stallings

6. DATE OF BIRTH (month, day, year) 6/27/01

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home - Wife

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Harry E. Whitelock

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Noomie Scheifly

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/17/36

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-12, 1935, to Jan-14, 1936

I last saw her alive on Jan-14, 1936 Death is said to have occurred on the date stated above, at 9:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix of Uterus	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? (Yes)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Sarah H. Bowdich M. D.

(Address) Johns Hopkins Hospital

N 16 1936

19671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19671

1349-93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 25-1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Begbie Scott If U. S. Veteran specify WAR No Record

(a) Residence: No. 2012 Hollins Ferry Rd Ward Westport

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Alice Scott

6. DATE OF BIRTH (month, day, year) 5/24/1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sea Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME Walter

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Anna Begbie

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT Records Bch.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 1/16 1936

19. UNDERTAKER Wm C Fowler & Son

(Address) 1210 E Fayette St

20. FILED JAN 16 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/22 1935 to 1/12 1936

I last saw him alive on 1/12 1936 Death is said to have occurred on the date stated above, at 5 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days.
Arteriosclerotic heart disease	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reite, M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

F 19672

19672 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR 26 Record

2. FULL NAME George W. Hardy

(a) Residence: No. 112 W. Franklin St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Nellie Hardy

6. DATE OF BIRTH (month, day, year) January 27 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Franklin P. Hardy

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Caroline J. Miller

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Nellie Hardy

(Address) Washington D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/16 1936

19. UNDERTAKER Wm Rork & Sons

(Address) 1214 Pennsylvania Ave

20. FILED JAN 16 1936 19.. Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. Northern Ave.

M. D. B. 12-5 F. 19673 F 19673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear of 711 Walker Ave St., 18-D Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME James C. Fifer

(a) Residence: No. 1132 W. Fombud St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Catherine Fifer

6. DATE OF BIRTH (month, day, year) July 2, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Runner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Workers Savings Bank

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm F. Fifer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Bailey

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Catherine Fifer
(Address) 1132 W. Fombud St.

18. BURIAL, CREMATION, OR REMOVAL
Place U. S National Date 1/16 1936
Cook

19. UNDERTAKER Williams
(Address) 1217 St Paul Street

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) Inquiry thereon and (from the evidence obtained by (Inquest, Autopsy or Inquiry) Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of brain	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 1/13 1936.

Where did injury occur Rear 711 Walker Ave Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place In rear of brother's home.

Manner of injury Pistol shot (self inflicted)

Nature of injury Bullet Wound of brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schaefer Coroner M. D.

(Address) 1912 E. Baltimore

M. D. 1936 Notice to Undertaker Not to be buried or removed without this certificate

Rec'd.

F 19674

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19674

CERTIFICATE OF DEATH

93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 N. Calvert St. 12-H Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susan Akers Mullikin

(a) Residence: No. 2129 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Mullikin

6. DATE OF BIRTH (month, day, year) Oct. 11-1842

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
93	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Akers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Miss Anna C. Brice
(Address) 2129 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Jan 17. 1935

19. UNDERTAKER Chas. E. Franck
(Address) 802 Madison Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Jan 7/35~~ June 7/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 1/35 . 19 ..... to Jan 14/35 . 19 .....
I last saw her alive on Jan 14 . 19 35. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 1/35
Other contributory causes of importance: Myocarditis	June 1/35

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —. Date of .....

What test confirmed diagnosis? Typical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19 .....

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter D. Mullikin M. D.

(Address) 2220 Garrison Blvd.

F 19675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise Jones

(a) Residence: No. 27 N. Bentham St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John -

7. DATE OF BIRTH (month, day, year) 10/22/08

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Victor

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Grace Cochris

16. BIRTHPLACE (city or town) (State or country) Pecudo -

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Jan 16 1936

19. UNDERTAKER Edw. Bryan (Address) 1647 Orleans St

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936 to Jan 10 1936

Last saw her alive on Jan 9 1936 Death is said to have occurred on the date stated above, at 6.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, etiology undetermined	12/27/35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw D Bross M. D.

(Address) The Johns Hopkins Hospital

F 19676

308068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19676

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward) 18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Susie Blake

(a) Residence: No. 517 N. Bethel St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 54 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): unknown

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Jan 16 1936

19. UNDERTAKER: Edw. Boyle

(Address) 1647 Orleans St

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Jan 9 1936

I last saw her alive on Jan 9 1936 Death is said to have occurred on the date stated above, at 345 A m.

The principal cause of death and related causes of importance were as follows:

Meningococcus Meningitis — Date of onset 12-31-35

Lobal pneumonia — 1-7-36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph J. Vallett, Jr. M. D.

(Address) Johns Hopkins Hospital

F 19677

19677 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-a

1. PLACE OF DEATH University Hospital St. 13-3 (Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Walker If U. S. Veteran specify WAR

(a) Residence: No. 2317 Druid Hill ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Married
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mattie Walker
6. DATE OF BIRTH (month, day, year): Dec 3rd 1879
7. AGE: Years 56 | Months 1 | Days 13 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: mail - carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Post Office
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation 0 6

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: William H. Walker
14. BIRTHPLACE (city or town) (State or country): Alexandria Virginia

MOTHER
15. MAIDEN NAME: Margie Boone
16. BIRTHPLACE (city or town) (State or country): Cambridge Maryland

17. INFORMANT: Mrs Tanza Gladsborough
(Address) 810 N. Carolina St

18. BURIAL, CREMATION, OR REMOVAL
Mt Calvary Cemetery Date Jan 1st 19 36

19. UNDERTAKER: Mrs Thos L. Bailey
(Address) 1421 Jefferson St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1935 to 1-14 1936

I last saw him alive on 1-14 1936. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	

Other contributory causes of importance:

Was an operation performed? yes Date of
For what disease or injury? Carcinoma of esophagus
Name of operation Gastrostomy Date of 11-29-35
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. L. Howard M. D.
(Address) University Hospital

F 19678

F 19678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph Hospital St., E-5 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME William J. Reynolds

(a) Residence: No. 1800 N. Durham St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen S. Finck

6. DATE OF BIRTH (month, day, year) July 29, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Papa Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Mnfr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Hugh J. Reynolds

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Healey Ellen A.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Helen S. Finck
(Address) 1800 N. Durham St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Jan. 18, 1926

19. UNDERTAKER Elmer W. Conklin
(Address) 924 E. Eager St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

F 19679

M. D. B 1268-9

F 19679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals - 2 St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Cummings

(a) Residence: No. 900 Harford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna E. O'Keeffe

6. DATE OF BIRTH (month, day, year) Feb. 4, 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rigger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Sanders Construction Co

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James E. Cummings

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ryck

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Cecelia Cummings Dwight

(Address) 705 Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan 18 1930

19. UNDERTAKER Edward W. Conklin

(Address) 924 E. Eager St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute alcoholism	Jan 13

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. V. M. Wright M. D.

Coroner

(Address) 1010 S. Eden St.

H. D. B. 2265-9

Hattie R. Jennings

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19680 | F 19680 | 11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 771 W. Lanvale St., (Ward) 4-2

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Hattie R. Jennings

(a) Residence: No. 771 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Jennings

6. DATE OF BIRTH (month, day, year) Aug 4-1876

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (City or county) Harford Co., (State or country) Md.

FATHER

13. NAME George White

14. BIRTHPLACE (City or town) Harford Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Sara A. Bond

16. BIRTHPLACE (City or town) Harford Co. (State or country) Md.

17. INFORMANT Mrs. Annie Brunson (Address) 1436 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL Clark's Chapel Cem. Date 1/18/ 1936

19. UNDERTAKER for Co. Mrs. Frances A. Hemsley (Address) 578 N. Biddle St.

20. FILED 1 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15th 36

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13th 1936 to Jan 15th 1936

I last saw her alive on Jan 15th 1936. Death is said to have occurred on the date stated above, at 4:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bilateral)	1/11/36
Other contributory causes of importance: Influenza	1/13/36

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. D. Ed Bell M. D.

(Address) 719 N. Eden St.

F 19681

308562

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19681

CERTIFICATE OF DEATH

1 + 53-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Anthony J Bruno

(a) Residence: No. 188 E Auburndale St., ... Ward. Youngstown Ohio
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-8-30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Nick

14. BIRTHPLACE (city or town) (State or country) ohio

MOTHER

15. MAIDEN NAME Josephine Lorenzo

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Youngstown Ohio Date Jany. 17 1936

19. UNDERTAKER John Ottaviani & Sons
(Address) 1900 Eastern Place

20. FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936 to Jan 15 1936

I last saw him alive on Jan 15 1936 Death is said to have occurred on the date stated above, at 1045 p m.

The principal cause of death and related causes of importance were as follows:

Brain tumor, malignant — Date of onset 1933

Other contributory causes of importance:

Was an operation performed? yes Date of 1/15/36

For what disease or injury?

Name of operation Right craniotomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Edward J. Stabler M. D.

(Address) The Johns Hopkins Hospital

19682 HEALTH DEPARTMENT—CITY OF BALTIMORE 19682

CERTIFICATE OF DEATH

46-D

Registered No. 1316

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3428 Chestnut St. (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susan Aldean Gardner

(a) Residence: No. 3428 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George H. Gardner

6. DATE OF BIRTH (month, day, year): June 6 1863

7. AGE: Years 73. Months 0. Days 8. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Greenmount, Carroll Co. Md.

MOTHER
13. NAME: Louisa Caltrider
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME: Susan Musselman
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. George H. Gardner Husband
(Address) 3428 E Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Cem Carroll Co Md. Date: 1/18/36

19. UNDERTAKER: Walter Davis
(Address) 3418 Chestnut Ave.

20. FILED: JAN 16 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 14/36

22. I HEREBY CERTIFY, That I attended deceased from May 35 to Jan 14 1936
I last saw her alive on Jan 14 1936 Death is said to have occurred on the date stated above, at 1.25 Pm.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum — Date of onset 2

Other contributory causes of importance:
Pulmonary edema

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Ex. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. H. Smith M. D.
(Address) 3429 Chestnut Ave

19683 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19683

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lanvale St. 2 St., 2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George Matthews

(a) Residence: No. 127 S Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Madelon Mathews

6. DATE OF BIRTH (month, day, year) June 14 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward G. Mathews

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Carrie R Ingley

16. BIRTHPLACE (city or town) (State or country) Mecanicsb Md

17. INFORMANT Edward G. Mathews.
(Address) 43 E Montgomery st

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date Jan 18 1936

19. UNDERTAKER John F Dohm
(Address) 775 Light St.

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15- 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1936, to Jan. 15, 1936

I last saw him alive on Jan. 15, 19.. Death is said to have occurred on the date stated above, at 3:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Pleurisy	acute

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Joseph B Gross M. D.

(Address) 1 Lenox Ave Arlington

19684 F 19684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. ~~524 N Vincent~~ St. 19-1 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ~~20 yrs~~ Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Samuel I Kelly
(a) Residence: No. 521 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Kelley

6. DATE OF BIRTH (month, day, year) Dec 26, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48 yrs		18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md.

FATHER
13. NAME Samuel Kelley
14. BIRTHPLACE (city or town) (State or country) Howard Co Md.

MOTHER
15. MAIDEN NAME Annie Beasley
16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Bessie Kelley (Address) 521 N Vincent St.
18. BURIAL, CREMATION, OR REMOVAL Place Fruitland, Howard Co Md Date Jan 16, 1936
19. UNDERTAKER Mrs Katie R Williams (Address) 322 N Schroeder St.
20. FILED 1936 ID Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13, 1936
22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1936 to 1-13, 1936
I last saw him alive on 1-13, 1936 Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Right	1-1-36
Septicemia Pneumococcus	

Other contributory causes of importance:
None

Was an operation performed? No Date of
For what disease or injury?
Name of operation — Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lt. Woodward Jr M. D.
(Address) University Hosp

F 19685

19685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 318 N. Schroeder St. 18-2 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Branch

(a) Residence: No. 318 N. Schroeder St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas E. Branch.

6. DATE OF BIRTH (month, day, year): Sept 12th 1891

7. AGE: Years 54; Months 4; Days 2; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home work.

10. Date deceased last worked at this occupation (month and year): 1/1/35

11. Total time (years) spent in this occupation: Life.

12. BIRTHPLACE (city or town) (State or country): Belair Md Maryland

MOTHER'S FATHER'S

13. NAME: Charles Britton

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Louisa ?

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Thomas E. Branch 318 N. Schroeder.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn Date Jan 17, 1936

19. UNDERTAKER (Address): Mrs Kate L. Williams & Son 322 E. Lafayette Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th 1936 to Jan 14th 1936

I last saw her alive on 1/14 1936. Death is said to have occurred on the date stated above, at 2,30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis (acute)	1/7/36
Other contributory causes of importance: Interstitial Nephritis	over 1 year 1/1/30

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical & Autopsy findings

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. T. Young M. D.

Address 322 N. Arlington Ave

M. F. 19686 F. 19686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 S. Wilmot St., 19-3 Ward)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella Birkett (nee Burgess)

(a) Residence: No. 213 S. Wilmot St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of / WIFE of Charles Birkett

6. DATE OF BIRTH (month, day, year) 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Burgess

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME don't know

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Jesse Shipley
(Address) 834 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/17/36

19. UNDERTAKER Geo. Wilson & Son
(Address) 2513 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-28-34. 19 to 1-14-36 19

I last saw h[illegible] alive on 1-14-36. 19 Death is said to have occurred on the date stated above, at 7.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rt. Breast History	1 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard J. Tracy M. D.

(Address) 110 W. Lombard

JAN 19 1936

19687 F 19687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Ettings St., 17-W Ward)

Length of residence in city or town where death occurred 50+ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wilson Smith

(a) Residence: No. 1320 Ettings St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Delia Smith

7. DATE OF BIRTH (month, day, year): Nov. 5. 1859?

8. AGE: Years 76 | Months 3 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steamship

10. Date deceased last worked at this occupation (month and year): Sept. 1935

11. Total time (years) spent in this occupation: 30 6 40

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: James Smith

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Nellie Jones

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Delia Smith
(Address) 1320 Ettings St

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Oakes Date 1-16- 1936

19. UNDERTAKER: Jos. Geo. H. Holland
(Address) 1631 Eutaw

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from December 8 1935 to January 13 1936

I last saw him alive on January 11 1936. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis	1934
Other contributory causes of importance: Arterio Sclerosis	1934

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Preston

F 19688 ✓ F 19688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital St. 17 Ward 1 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Levering Dyer

(a) Residence: No. 639 W. Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lauretta Dyer

6b. DATE OF BIRTH (month, day, year) Feb 7, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. newspaper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Frank W. Dyer
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER
15. MAIDEN NAME Emily G. Clark
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Enola Dyer
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date 1-16- 1936

19. UNDERTAKER Geo. H. Hollyday & Son
(Address) 163 Dolphin St

20. FILED 16 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jany 5, 1936 to Jany 13, 1936 Death is said to have last seen alive on Jan 13 1936 to have occurred on the date stated above, at 6.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 days
Other contributory causes of importance: Typhoid Fever	16 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Bradshaw Higgins M. D.

(Address)

19689 ✓ F 19689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 4-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Yelichka

(a) Residence: No. 632 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1878

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer cemetery Date 1/17/36 19 36

19. UNDERTAKER Chas B. Kushauckas
(Address) 637 S. Paca St

20. FILED 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14 19 36

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19 to 1/14 19 36

I last saw him alive on 1/14 19 36 Death is said to have occurred on the date stated above, at 12½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 days
Arteriosclerosis	5

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Kerby M. D.

(Address) Balto City Hosp

M. D. B. 1268-8

19690

F 19690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 N Central Ave 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Brown

(a) Residence: No. 633 N Central Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 2 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Estella Chase

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Estella Brown

(Address) 633 Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 1/16 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1936 to Jan 14 1936

That I last saw him alive on Jan 13 1936 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia Bilateral	Jan 9 1936

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 521 Augusta St

19691

✓ F 19691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St., 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs 0 mos 0 da. How long in U. S. If of foreign birth 28 yrs 2 mos 9 da.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Mattie Lindsay P. Maus

(a) Residence: No. #4608 Roland Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Gen'l Marion P. Maus

6. DATE OF BIRTH (month, day, year): Nov-7-1875

7. AGE: Years 60 | Months 2 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none.

11. Total time (years) spent in this occupation: none.

12. BIRTHPLACE (city or town) (State or country): Stonington Conn.

FATHER

13. NAME: Charles H. Poor

14. BIRTHPLACE (city or town) (State or country): Norfolk Va.

MOTHER

15. MAIDEN NAME: Cornelia T. Loysbrut

16. BIRTHPLACE (city or town) (State or country): Syracuse New York

17. INFORMANT: Mrs Anita T. Bulmer (Sister)

(Address) 5- Mary Court- Annapolis

18. BURIAL, CREMATION, OR REMOVAL

Place: Hartsville Pa. Date: Jan 16 36

19. UNDERTAKER: Elwood Moore Co.

(Address) 108 W Read Ave.

20. FILED: JAN 17 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 16 19 36

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1936, to Jan 16, 1936.

I last saw her alive on Jan 15, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Jan 9

Other contributory causes of importance:

Uremia

Was an operation performed? Yes Date of

For what disease or injury? Intestinal Obstruction

Name of operation: Release of obstruction Date of: Jan 11-36

What test confirmed diagnosis? Operation Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sydney A Muller M. D.

(Address) 1115 St Paul St.

Spec.—9-30—A. & Co.—250 Blks.

F 19692 ✓ F 19692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 610 Nicoll Ave. ST. 27-8 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katherine Sarah Brendick

(a) RESIDENCE NO. 610 Nicoll Ave ST. ..... WARD .....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Frederick W. Brendick.

6 DATE OF BIRTH (month, day, and year) ~~Nov 21 1869~~

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): own home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thomas Jay

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Matilda Wheldon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs. F. W. Brendick
(Address): 610 Nicoll Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14th 1936

17 I HEREBY CERTIFY, That I attended deceased from May 17th, 1935, to January 14th, 1936, that I last saw her alive on January 14th, 1936, and that death occurred, on the date stated above, at 3 03 am

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, general & cerebral.
Hypertension

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. — mos. 1½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs.

(Signed) A. S. Chelfant M. D.

Jan 7. 1936 (Address) 624 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan 16 1936

20 UNDERTAKER: Henry Sauber & Son, Inc.

ADDRESS: Baltimore & Broadway

19693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99

1. PLACE OF DEATH

CITY OF BALTIMORE (No. ..... St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mildred Counts

(a) Residence: No. 1731 Arbans St., H Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word): ~~Single~~ Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Counts

6. DATE OF BIRTH (month, day, year): 2/6/06

7. AGE: Years 29 | Months 11 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: Harry Thomas
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER
15. MAIDEN NAME: Ida May Bose
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Records.

18. BURIAL, CREMATION, OR REMOVAL
Place: Ashury Cem Date: Jan 16, 1936

19. UNDERTAKER (Address): Robert F. Williams 1605 Mc Elderry St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1935 to Jan 11, 1936

I last saw her alive on Jan 11, 1936 Death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, subacute. ? Periarteritis Nodosa.	Nov, 1935
? Acute pulmonary fibrosis, cause unknown	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw B Grossman M. D.

(Address) The Johns Hopkins Hospital

F. D. B. 1208-9

F 19694

9694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Women Home

CITY OF BALTIMORE (No. 1404 E Lexington St., 19-2 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret C. Cook

(a) Residence No. 140 E Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): May 20 1866

7. AGE: Years 69; Months 7; Days 26; If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: William Cook
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Rose McFall
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT (Address): Records of Aged Home

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 16 1936

19. UNDERTAKER: Turner Kahmer
(Address) 2301 E Monument Ave

20. FILED ___ 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933 to Jan 15, 1936
I last saw h[illegible] alive on Jan 14 1936 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin B. Jarrett M. D.

(Address) 1114 St. Paul St.

✓ F 19695

9695 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 337 S. East Ave. St., 76-10 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Pollack

(a) Residence No. 337 S. East Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret [redacted] Pollack

6. DATE OF BIRTH (month, day, year) Feb 7 - 1878

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Car

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Pollack

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hoopen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) 337 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon P.C. Date Jan 16 1936

19. UNDERTAKER (Address) John G. Connelly Essex Md.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 . 1935 to Jan. 13 . 1936

I last saw him alive on Jan 13 . 1936 Death is said to have occurred on the date stated above, at 3.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB.	
Other contributory causes of importance: Myocarditis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Exit Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. M. Rourke M. D.

(Address) 1812 E. Broadway

M. D. B. 126E-9

F 19696

9696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Harford Rd. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Bunce

(a) Residence: No. 2826 Harford Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Sylvia Bunce

6. DATE OF BIRTH (month, day, year) Sept. 7/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME ? Bunce

14. BIRTHPLACE (city or town) (State or country) New. York City

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT Beulah Nichol.

(Address) 1005 Stelli St. Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Lawn View Cem. Date Jan. 18/36 19

19. UNDERTAKER Fillyaw & Pulaski

(Address) 4015 Reisterstown Rd

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2. 1936. to Jan 14. 1936

I last saw h[illegible]live on Jan 14. 1936 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilitation	Jan 2

Other contributory causes of importance:

Chronic nephritis

Name of operation None Date of ....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Zimmerman M. D.

(Address) 9858 Harford Rd Balto. Md.

F 19697

H. D. P. 1268-9

19697 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton Ave. St., 25-1 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Armstrong

(a) Residence: No. Jenkins Memorial Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1840

7. AGE: Years 96 yrs. | Months | Days | If LESS than 1 day.....hrs. or.....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Mines

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Francis Armstrong

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Martha McCann

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Jenkins Memorial Hosp. 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1-17-36. 19

19. UNDERTAKER John F. Healy & Sons

(Address) 1124 Eutaw Pl.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to Jan. 15. 1936

I last saw him alive on Jan. 14. 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laennec's cirrhosis of the liver c Hepatic insufficiency	1919?
Other contributory causes of importance: Generalized arteriosclerosis	?
Senility	?
Carbuncle	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Healy, M. D.

(Address) 1124 Eutaw Pl.

F 19698

19698 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Alhambra St. 27-10 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Page Kennedy

(a) Residence: No. 806 Alhambra St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 8 1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME James E Kennedy

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Emma M Stavely

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT J E Kennedy
(Address) 806 Alhambra Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/16/1936

19. UNDERTAKER John J Bohen Sons
(Address) 857 Light St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1935 to Jan 13 1936

I last saw her alive on Jan 13 1936 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis — Date of onset 1935

Other contributory causes of importance: None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Alan C Bacon M. D.

(Address) 100 E 20 St

F 19699

19699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 N Strieker St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3/4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Infant (Monie Taylor-Er Hamilton Williams)

(a) Residence: No. 1031 N. Strieker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) Jan. 14-1936

AGE	Years	Months	Days	If LESS than 1 day, 20 hrs. or min.
		0		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) 1031 N. Strieker St

FATHER
13. NAME Hamilton Williams
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Monie Taylor
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Monie Taylor
(Address) 1031 N Strieker St

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 16 1936

19. UNDERTAKER .....
(Address) .....

21. FILED ..... 19.. ..... Registrar

2030 B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936 to Jan 15, 1936

I last saw h.er alive on Jan 15, 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
5½ lbs	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 120 Preston St

19700 ✓ F 19700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 146 Dolphin St., 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Boy Mary Brington

If U. S. Veteran specify WAR .....

(a) Residence No. 146 Dolphin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1/13/26

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.
			1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) 146 Dolphin St
(State or country)

13. NAME Blythe Brington

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mary Brington
(Address) 146 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place Univ of Md Date Jan 16 19 26

19. UNDERTAKER Geo. M. Scott & Co.
(Address) 1 Hopkins Place

20. FILED 1926 [illegible] Registrar.

2051

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/26 19

22. I HEREBY CERTIFY, That I attended deceased from 1/13/26 19 to 1/15/26 19

I last saw him alive on 1/14/26 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Premature birth 2 days

	Interval between onset and death
4 months Jaundice	

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

19701 HEALTH DEPARTMENT—CITY OF BALTIMORE 19701

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4504 Harford Road Ward 43-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No War

2. FULL NAME Naomi Sophia Fink

(a) Residence No. 4504 Harford Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed or divorced, HUSBAND (or) WIFE —

DATE OF BIRTH (month, day, year) Sept. 6th 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME OF FATHER John E. Fink

14. BIRTHPLACE (city or town) Cumberland (State or country) Maryland

15. MAIDEN NAME OF MOTHER Lottie E. Fink

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs Sophia E. Fink

(Address) 4504 Harford Road

18. BURIAL, CREMATION, OR REMOVAL London Park Cemetery Jan. 18th 1936

19. UNDERTAKER Frederick Sadtler & Sons

(Address) 5401 Belair Road

20. FILED JAN 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1936 to Jan. 15 1936

I last saw her alive on Jan. 6 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Duration 10 days

Other contributory causes of importance

Pulmonary Tuberculosis Duration 3 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hampson Eacker M. D.

(Address)

F 19702

19702 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

+ 18

Registered No. .....

1. PLACE OF DEATH Lyndenham Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR WWI

2. FULL NAME Alice Smith

(a) Residence: No. 94 Hayes Court St., Westminster, Md. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced (or) WIFE of Richard Smith

7. DATE OF BIRTH (month, day, year) April 12, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Richard Smith

(Address) 94 Hayes St, Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Elsworth Date Jan 11. 1936

19. UNDERTAKER H Bankard & Son

(Address) Westminster Md

20. FILED ..... 19.. for Baltimore ..... Registrar

01936

RRT

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1936, to Jan 16, 1936

I last saw her alive on Jan 16, 1936 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance, were as follows:

Meningococcus meningitis — Date of onset Jan 12.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. O. Stifler Jr. M. D.

(Address) Lyndenham Hospital

9703 ✓ F 19703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Cator Avenue St., 9-1 Ward)

Length of residence in city or town where death occurred 68 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 68 yrs. -- mos. -- ds.

2. FULL NAME Margaret Theresa Collins

If U. S. Veteran specify WAR None

(a) Residence: No. 705 Cator Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, year) March 1, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) --------- Ireland

13. NAME Peter Collins

14. BIRTHPLACE (city or town) (State or country) --------- Ireland

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) --------- Ireland

17. INFORMANT Miss Bessie McGlone

(Address) 705 Cator Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 1/18 1936

19. UNDERTAKER Kenny & Mangan Sons

(Address) 800 N. Eutaw St.

20. FILED 1/18/1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1935 to Jan. 14 1936

I last saw her alive on Jan. 14 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Arteriosclerosis	
Other contributory causes of importance:	
Pneumonia	11-19-35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? auscultation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. T. Bouchelle M. D.

(Address) 2104 St. Paul St.

F 19704

9704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2143 Vine St., 70-1 Ward.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena [illegible] Bromm

(a) Residence: No. 2143 Vine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Bromm

6. DATE OF BIRTH (month, day, year) Oct. 31-1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	2	13 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Hoffmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Bromm

(Address) 2146 N. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Kirkin Date Jan 17, 1936

19. UNDERTAKER George L. Schmidt

(Address) 2101 Frederick Ave.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1- 1935 to Jan 14- 1936

I last saw h alive on Jan 14- 1936 Death is said to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial-Sclerosis Hypertension	
Other contributory causes of importance: Myocarditis	about

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A Cashin M. D.

(Address) 2145 N Belto St

30 8221
19705

✓ F 19705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 137

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George J. Walker If U. S. Veteran specify WAR

(a) Residence: No. Lebanon Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Vicie

6. DATE OF BIRTH (month, day, year) 10/3/67

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal & Emp.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va.

FATHER

13. NAME Geo. Walker

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Friends [redacted]
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Bluefield Va Date Jan 16/36 19

19. UNDERTAKER J. O. Mitchell
(Address) 1900 Eutaw Place

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1936 to Jan 16 1936
I last saw him alive on Jan 16 1936 Death is said to have occurred on the date stated above, at 3.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	5 yrs
Other contributory causes of importance: Bronchopneumonia	2 days

Was an operation performed? yes Date of 1-13-36
For what disease or injury? Benign Prostatic Hypertrophy
Name of operation Perineal Prostatectomy Date of 1-13-36
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wesley J. Keltz M. D.
(Address) Johns Hopkins Hosp.

✓ F 1970688

9706 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-D

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. H-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rachael Brown

(a) Residence: No. 728 E. Saratoga St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Brown

6. DATE OF BIRTH (month, day, year) 3-12-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	46	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rachael Steward

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemetery Date 1/18 1936

19. UNDERTAKER John Tarring
(Address) Edmondson Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1936, to 1-16 1936

I last saw her alive on 1-16-36 19 Death is said to have occurred on the date stated above, at 12:00 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the uterus	

Other contributory causes of importance:

Secondary Anemia
Cachexia

Was an operation performed? no Date of

For what disease or injury? ---

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt. F. Martin M. D.

(Address) Balto City Hospt

F 19707

F 19707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Myrtle Ave St. 17-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruben Henry

(a) Residence: No. 913 Myrtle ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, year): 11/27/1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	1	17 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Vienna Md

13. NAME: Geo Washington Henry

14. BIRTHPLACE (city or town) (State or country): New Market Md

15. MAIDEN NAME: Mary Baltimore

16. BIRTHPLACE (city or town) (State or country): Vienna Md

17. INFORMANT: Mary Henry

(Address) 913 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: 1/18/36

19. UNDERTAKER: Wm A Johnson

(Address) 216 Fremont ave

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1936, to Jan 15, 1936.

I last saw him alive on Jan. 15, 1936. Death is said to have occurred on the date stated above at 11.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Otitis Media with Intracranial Complications.	1-10-36
Other contributory causes of importance: Infection	

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Cl. Symptoms Was an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos Woolridge M. D.

(Address) 1020 Lafayette ave

F 19708

19708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Chesney

(a) Residence: No. 104 S. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 5, 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Chesney

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Patronella

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mother.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 17 1936

19. UNDERTAKER F. W. Brazenor Inc.

(Address) 1900 Eastern Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1-16- 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-15- 1936 to 1-16 1936

I last saw her alive on 1-16-36 Death is said to have occurred on the date stated above, at 4:12 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia - Respiratory failure

Date of onset

Other contributory causes of importance:

Hydrocephalus over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence H. Mills M. D.

(Address) Mercy Hospital.

N 11 1936

F 19709

F 19709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ×8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth A. Merritt

(a) Residence: No. Route 10-Box 619 Battle Grove St., Ward. Sparrows Point Md.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Erach W. Merritt Jr.

6. DATE OF BIRTH (month, day, year) March 22 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Castle (State or country) Del.

FATHER

13. NAME William V. Mangus

14. BIRTHPLACE (city or town) New Castle (State or country) Del.

MOTHER

15. MAIDEN NAME Eva Bolt

16. BIRTHPLACE (city or town) New Castle (State or country) Del.

17. INFORMANT Erach W. Merritt Jr.

(Address) Sparrows Point Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkdale Date June 17, 1936

19. UNDERTAKER George W. Zirkler

(Address) 1727 E. Fayette St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	

Other contributory causes of importance:

Acute Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

. D. B. 1268-9

✓ F 19710

19710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Griffis Ave. 25-3 Ward) Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Myers

(a) Residence: No. 1911 Griffis Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate Myers.

DATE OF BIRTH (month, day, year) Jan 2 - 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swindell Bros.

10. Date deceased last worked at this occupation (month and year) 11/13/35 11. Total time (years) spent in this occupation 58 Yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Herman Myers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augustas Schuman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Kate Myers 1911 Griffis Av

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 1/18, 1936

19. UNDERTAKER (Address) I. Fenw McGully 130 E. Fort. Av

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1935 to Jan 16, 1936

I last saw him alive on Jan 15 1936 Death is said to have occurred on the date stated above, at 2 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocarditis	?
	about

Other contributory causes of importance:

Cerebral Hemorrhage	11-35

Name of operation None Date of

What test confirmed diagnosis? PE Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Mills, M. D.

(Address) 682 Washington Blvd

F 19711 ✓ F 19711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 10-2 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose Thalheimer

(a) Residence: No. 925 Somerset St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. 1069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Bavaria

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lyttlestown Date Jan 5th 1936

19. UNDERTAKER Geo. M. Arnold Sons
(Address) Ellicott City, Md.

20. FILED ... 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19... to 1/15 1936

I last saw her alive on 1/15 1936 Death is said to have occurred on the date stated above, at 305 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12 days

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

No. 19712 ✓ E 19712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Hickory ave. St., 12-7 Ward)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Jane Freser

(a) Residence: No. Littlestown, Penna. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of — D. Milton Freser

6. DATE OF BIRTH (month, day, year) Mar. 10-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littlestown Penna.

FATHER

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lizzie Lansinger

16. BIRTHPLACE (city or town) (State or country) Littlestown Penna.

17. INFORMANT Mrs Sarah Dush
(Address) 3712 Hickory ave. Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place Littlestown, Pa. Date Jan 19, 1936

19. UNDERTAKER Felix V. Little
(Address) Littlestown, Penna

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 10th, 1936, to Jan 17th, 1936

I last saw her alive on Jan 16th, 1936 Death is said to have occurred on the date stated above, at 1.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1)- Diabetes Mellitus	1927
2)- Arteriosclerotic Heart Disease	1930.

Other contributory causes of importance:

1- Senility	1935 ?

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Earl L. Chambers, M. D.

(Address) 4108 Liberty Hts. Ave.

F 19713

M. D. B. 1268-9

F 19713 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 212 N. Bradford St. St., 6-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carroll Carter

(a) Residence No. 210 N. Bradford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	52	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Moses Carter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Julia Keys

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mabel Johnson

(Address) 212 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carey Date [redacted] 36 19

19. UNDERTAKER Milton D. Lee

(Address) 1624 E. Monument St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry and from the evidence obtained by said Inquest, Autopsy or Inquiry feel that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:

Cerebral Apoplexy

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Wheelan Coroner, M. D.

(Address) 1919 E. North Ave.

F 19713

F 19714 ✓ F 19714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1324 W Saratoga St. 70 Ward)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Frances Kennedy

If U. S Veteran specify WAR .....

(a) Residence: No. 1324 W Saratoga St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Kennedy.

DATE OF BIRTH (month, day, year) Nov 22 1877

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58	1	24 da	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Louis C. Hess

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Frances Fowler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Samuel Kennedy
(Address) 624 Old B. Rd Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 17 36

19. UNDERTAKER John B. Mitchell & Sons
(Address) 1850 Eutaw Place

20. FILED JAN 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1935 to January 15, 1936

I last saw her alive on January 15, 1936 Death is said to have occurred on the date stated above, at 8 04 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	1-13-36

Other contributory causes of importance:

Hypertension	unknown
Organic Heart Disease	10

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? C-S Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chester Richards, M. D.

(Address) 532 Edmondson Ave.

F 19715

F 19715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) 11 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Joseph S. West

(a) Residence: No. 13 W. Mt. Royal Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, yr.) 1849 Dec 3

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Christopher West

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Catharine Lough

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Louise West

(Address) 11 W. Mt Royal ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jany 18, 36

19. UNDERTAKER Chas S. Ruckdeschel Sons

(Address) 1900 Eutaw Place

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to Jan. 16, 1936

I last saw him alive on Jan. 16, 1936 Death is said to have occurred on the date stated above, at 7.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	

Other contributory causes of importance

Metastatic Sarcoma (Lympho)	1934
Bronchial Pneumonia	

Was an operation performed? yes Date of Dec. 24, 1935

For what disease or injury? Benign Prostatic Hypertrophy.

Name of operation Prostatic Resection Date of Dec 24, '35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Hamen Alberlson M. D.

(Address) University Hospital

19716 ✓ F 19716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2626 Frederick Ave. St. 20-4 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin M. Hughes,

(a) Residence: No. 2626 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia E. Hughes,

DATE OF BIRTH (month, day, year) October 18.1885

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian State Aid & Charity.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Jan 10.1936

11. Total time (years) spent in this occupation 1 Yr 3

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME William Hughes,

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

15. MAIDEN NAME Mary E. Stump,

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs Amelia E Hughes
(Address) 2626 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date JAN 20 1936

19. UNDERTAKER Robert S Sittle
(Address) 2700 Edmondson Ave.

20. FILED JAN 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

JAN 10 1936

21. DATE OF DEATH (month, day, year) .....

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1936 to Jan 16 1936

I last saw him alive on Jan 16 1936 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	Jan 12
(b)	
(c)	
(d)	

Other contributory causes of importance:
(e) Acute Cardiac Dilatation Jan 16

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harry Glassman M. D.
(Address) 753 W. Fayette St.

F 19717

19717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara M. Perine

(a) Residence: No. 1006 Whitmore Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T Perine

7. DATE OF BIRTH (month, day, year) Feb 9 1884

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Deuenbergen

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie Herbst

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John T Perine

(Address) 1006 Whitmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 18 1936

19. UNDERTAKER Robert S Little

(Address) 2700 Edmondson Ave

20. FILED JAN 18 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1936 to January 15, 1936.

I last saw h[illegible] alive on January 15, 1936. Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ovary

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Paul W Shear M. D.

(Address) Sinai Hospital

19718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19718

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 15-8 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Morris Paymer

(a) Residence: No. 3302 Springdale Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vera Paymer

7. DATE OF BIRTH (month, day, year) 1879

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manf. Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Wolfe Paymer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bluma

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Vera Paymer (Wife)
(Address) 3302 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 1-19 1936

19. UNDERTAKER Jack Levin Inc
(Address) 1709 E. Baltimore St

20. FILED JAN 19 1936 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12th 1936 to Jan. 16th 1936

I last saw him alive on Jan. 16th 1936. Death is said to have occurred on the date stated above, at 10:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myelogenous Leukemia	8/35?
Bronchopneumonia, ct.	1/10/36

Other contributory causes of importance:

Was an operation performed? Yes Date of ?

For what disease or injury? Leukemia

Name of operation Biopsy Date of ?

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Howard W. Long M. D.

(Address) Union Memorial Hosp.

19719 F 19719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 16-W Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth 44 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie Platshon

(a) Residence: No. 1300 Mosher St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of David Platshon

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ~~Not Known~~ Russia

13. NAME OF FATHER Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 1-17- 1936

19. UNDERTAKER Jack Lewis Inc. (Address) 1434 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936 to Jan 16 1936

I last saw her alive on Jan 16 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Arteriosclerosis Hypertension	
Cardiac Hypertrophy & Dilatation	
Uremic Convulsions	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. B. Yanes M. D.

(Address) Sinai Hospital

19720 HEALTH DEPARTMENT—CITY OF BALTIMORE 19720

CERTIFICATE OF DEATH ✓107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ulysses Grant Tyler

(a) Residence: No. 3119 Barclay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Blanche

7. DATE OF BIRTH (month, day, year) 2- -1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. atty 0042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

SOMETHING ABOUT PARENTS

13. NAME Upton T. Tyler

14. BIRTHPLACE (city or town) ? (State or country) Maryland

15. MAIDEN NAME Caroline Ramsey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/18 1936

19. UNDERTAKER Bernard P. Hemsley

(Address) 718 Druid Hill Ave Balto Md

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/13 1936 to 1/14 1936

I last saw him alive on 1/14 1936 Death is said to have occurred on the date stated above, at 10 47 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days

Other contributory causes of importance:

None.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter. M. D.

(Address)

F 19721

19721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3001 Guilford Ave. St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME ELIZABETH MARY O'CONNOR

(a) Residence: No. 3001 Guilford Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

DATE OF BIRTH (month, day, year) Mar. 4, 1907

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Comptometer Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James O'Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary McCormack

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary Scott
(Address) 3001 Guilford Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 1-18 1936

19. UNDERTAKER Chas. H. Grace & Son
(Address) 1111 Eutaw Pl.

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1935 to Dec 9, 1935
I last saw her alive on Dec 9, 1935 Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 31 1935

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Found Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. H. Pearce M. D.

(Address) 2105 Calvert St

M. D. B. 1268-9

F 19722

19722 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 ~ Scott St St. 21-W Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Gleason

(a) Residence: No. 612 Scott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Gleason

DATE OF BIRTH (month, day, year) Aug 24 ~ 1847

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) 10 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Harmon Gleason

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Mary Metzdorf

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Margret Schuermann
(Address) 2869 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 18, 1936

19. UNDERTAKER Towell & Byers Inc
(Address) 1017 W Fayette St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1936, to Jan 15, 1936
I last saw her alive on Jan 16, 1936 Death is said to have occurred on the date stated above, at 7.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3 days
Bronchitis - 2	2 weeks
Other contributory causes of importance:	
Myocorditis	1 Year

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Kates M. D.
(Address) 5213 Scott St.

A&Co. S-31 250M

F 19723

HEALTH DEPARTMENT CITY OF BALTIMORE

F 19723

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1152 W. Hamburg St. 21-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Miller-Mueller

(a) Residence: No. 1152 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Feb 8th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) 2 yrs
11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) New York New Jersey

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ruth E Stripeke
(Address) 1152 W Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Jan 17 1936

19. UNDERTAKER Towell & Byrne Inc
(Address) 1011 N Cross St

20. FILED ... 19 ... Registrar

F 19723 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/10 1934 to 1/14 1936

I last saw h alive on 1/14 1936 death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1/14/36
Other contributory causes of importance: Cardio Vascular Renal Disease	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis Physical ... there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joseph G. Laukaitis M. D.

(Address) 679 Washington Blvd

F 19724

19724 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nelson C White

(a) Residence: No. 1933 W Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth G White

6. DATE OF BIRTH (month, day, year) Dec 1, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenlyer Cobb

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Mary Land Dairy

10. Date deceased last worked at this occupation (month and year) Jan 12

11. Total time (years) spent in this occupation 3 mo

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME John N White

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth C. Wehr

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John N White

(Address) 439 N Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 18, 1936

19. UNDERTAKER Mrs. John N Pulaski Sons

(Address) 01 N Fremont Ave

20. FILED , 19 Registrar

JAN 21 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936, to Jan 16, 1936

I last saw h-- alive on Jan 16, 1936 Death is said to have occurred on the date stated above, at 9 50 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	1-12-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker, M. D.

(Address) Sydenham Hospital

F 19725

M. D. H. 1268-9

9725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

16-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 756 Grantley St., 16 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie J. Eborough

(a) Residence: No. 756 Grantley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Lemuel H

7. DATE OF BIRTH (month, day, year) Oct 10 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

13. NAME John Lamuse

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Custenborder

16. BIRTHPLACE (city or town) (State or country) Lancaster

17. INFORMANT Paul L Eborough
(Address) 756 Grantley St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Jan 18 1936

19. UNDERTAKER Vernon Kushner
(Address) 2301 Edmondson Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936 to Jan 16 1936

I last saw her alive on Jan 15 1936 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris — coronary occlusion	1/13/36

Other contributory causes of importance:

Old age — Cerebral Arterio Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? Phys. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Neale Blake M. D.

(Address) 1819 Eight St.

F 19726

19726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

Registered No. 19-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 W. Lombard St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Gustatas

(a) Residence: No. 1414 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eva Gustatas

DATE OF BIRTH (month, day, year) May 3, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. tailor shop

10. Date deceased last worked at this occupation (month, day, year) Nov 3, 1935

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Andrew Gustatas

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Emma Gustatas (Address) 1414 W Lombard st

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 1/18 19 36

19. UNDERTAKER Robert Brooks & Son (Address) Eathorn & Hollins

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8 1935 to Jan 15 1936

I last saw h[illegible] alive on Jan 14 1936 Death is said to have occurred on the date stated above, at 8:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1935

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov. 1, 1935

For what disease or injury? Hysterectomy Exploratory Laparotomy

Name of operation Hysterectomy Date of 11/6/35

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) A. P. Briggs M. D.

(Address) 1326 W. Lombard St.

F 19727

F 19727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?yrs. mos. da. How long in U. S. If of foreign birth? life yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Thomas

(a) Residence: No. 1212 Madison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) 3-31-1900

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Archie Porell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sally Brooks

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Jan 17, 1936

19. UNDERTAKER Oscar Miller Funeral Home

(Address)

20. FILED , 19 Registrar

2035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/8, 1935, to 1/11, 1936

I last saw her alive on 1/11, 1936 Death is said to have occurred on the date stated above, at 6 4p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6 mo.
c aortic insufficiency	
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 19728

F 19728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-1-92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3 — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James McParland

(a) Residence: No. 708 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 5-12-1873

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Frank McParland

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Theresa McGee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Mad School Date Jan 17 1936

19. UNDERTAKER Oct. Miss. Asst. Health.
(Address)

20. FILED ..... 19 ..... Registrar

2054

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from 12/9 1935 to 1/12 1936.

I last saw him alive on 1/12 1936 Death is said to have occurred on the date stated above, at 4 3/4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	10 mo
Aortic insufficiency	?

Other contributory causes of importance

Was an operation performed? ..... Date of ..... Done

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Baltimore, Md.

F 19729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 5-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Dorsey

(a) Residence: No. 606 Hubbards Ct. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year): 2/16/1874

7. AGE: Years 61 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0047

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Md.

MOTHER FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Howard County

15. MAIDEN NAME Mary Barba.

16. BIRTHPLACE (city or town) (State or country) St. Marys Co.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Jan 17 19 36

19. UNDERTAKER

(Address)

20. FILED 19

Registrar

2053

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13 19 36

22. I HEREBY CERTIFY, That I attended deceased from 12/23 19 35 to 1/13 19 36

I last saw him alive on 1/13 19 36 Death is said to have occurred on the date stated above, at 8 45 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung c mets to liver. — Duration

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 19730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. 19730

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Whatcoat St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Smith

(a) Residence: No. 1108 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 9, 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) July 36

11. Total time (years) spent in this occupation 2 mos

12. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va

13. NAME Isaac Smith

14. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va

15. MAIDEN NAME Ida Lee

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va

17. INFORMANT Jennie Mae Smith
(Address) 1408 Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem't. Date Jan 16 35

19. UNDERTAKER Edw O Wilson
(Address) 1000 Pennsylvania Ave.

20. FILED . 19 Registrar

MH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1936 to 1-14 1936

I last saw him alive on 1-12 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unk
over	
Other contributory causes of importance:	
Lobar Pneumonia	1-4-36

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Harper P. Saunders M. D.

(Address) 1009 N. Stricker St.

F 19731

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19731

V 92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 14 Ward 3

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Nathaniel Burl

(a) Residence: No. 866 Pierce St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Johnson Burl

DATE OF BIRTH (month, day, year) January 8, 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	-	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Copper Works

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Virginia

13. NAME John Burl

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date Jan 18th 1936

19. UNDERTAKER Elroy O'Wilson

(Address) 1000 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15 1936

22. I HEREBY CERTIFY, That I attended deceased from January 6 1936 to January 15 1936

I last saw him alive on January 15 1936. Death is said to have occurred on the date stated above, at 5:37 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, valvular,	1926
mitral insufficiency	"
Cardiac disease, myocarditis, chr.	1-6-36
Other contributory causes of importance:	
Bronchopneumonia	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Clin. find. Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Lowry, M. D.

(Address) Executive Officer

19732
8261 d

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19732

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 460 Roland Av St., 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs. 5 mos. 9 dys. How long in U. S. If of foreign birth 92 yrs. 5 mos. 9 dys.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Sally Wethered Jackson

(a) Residence: No. 460 Roland Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Gatlow Jackson

7. DATE OF BIRTH (month, day, year) Aug. 7 1843

8. AGE: Years 92 Months 5 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Augustus Gatlow

14. BIRTHPLACE (city or town) (State or country) Portsmouth N. H.

MOTHER

15. MAIDEN NAME Augusta Crook

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Miss Augusta L. Jackson daughter

(Address) 460 Roland Av

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Date Jany. 18 1936

19. UNDERTAKER Stewart Morris.

(Address) 104 W North Ave.

20. FILED 1936 Registrar.

RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1936, to Jan. 16 1936.

I last saw her alive on Jan. 16 1936. Death is said to have occurred on the date stated above, at 9-45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	1/14/36
Other contributory causes of importance: Senile Arterio-Sclerosis	2

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. Gibson Porter M. D.

(Address) 4822 Roland Ave

M. D. B. 1208-9

19733 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19733

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Cording Ave St. 27-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William H. Wheeler

(a) Residence: No. 517 Cording Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Annie Wheeler

6. DATE OF BIRTH (month, day, year) Oct-11th-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Nathaniel Wheeler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise Murray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs H. VanDyke

(Address) 517 Cording Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Savage Md Date Jan 18 1936

19. UNDERTAKER Floyd Kaiser

(Address) Laurel Md

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1935 to Jan 16 1936

I last saw h... alive on Jan 16 1936. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1935
Chr Myocarditis	"
Chr Nephritis	"
Other contributory causes of importance:	
Influenza	1936

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. W. Bishop M. D.

(Address) 501 Sheridan Ave

F 19734

19734 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-13

15-H

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 N. Monroe St. .....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Ella Whiteside

(a) Residence: No. 1924 N. Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
RUSBAND of (or) WIFE of Samuel Whiteside

6. DATE OF BIRTH (month, day, year) October 29, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME Nathan Crist

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Miss Bernard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Belle Whiteside

(Address) 1924 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date January 18, 1936

19. UNDERTAKER Peter H. Cook

(Address) 1003 W. Baltimore St.

20. FILED ..... 19 ..... Registrar

F 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1 - 1935 to Jan - 16 - 1936

I last saw her alive on 1 - 15 - 1936 Death is said to have occurred on the date stated above, at 6.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Heart	12-1-35
Senility	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Martin Le Stoch, M. D.

(Address) 806 N. Fulton Ave.

M. D. B. 1203-0

F 19735

9735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 701 S. Fouldon Ave (St.) 70-8 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth Kelley

(a) Residence: No. 701 S. Fouldon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. Kelley

6. DATE OF BIRTH (month, day, year): Oct 4 1844

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
91	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER / FATHER

13. NAME: William E. Pearce

14. BIRTHPLACE (city or town) (State or country): Lincoln City Maryland

15. MAIDEN NAME: Mary A. Jones

16. BIRTHPLACE (city or town) (State or country): Lincoln Tech Talbot Co Maryland

17. INFORMANT: Mrs Esther M. Brooks (Address) 701 S. Fouldon Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Laurel Park Cem. Date Jan. 17 1936

19. UNDERTAKER: (Address) 1003 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 15 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1935 to January 15 1936.

I last saw her alive on January 15 1936. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal disease	July 1935
Cerebral Hemorrhage	Dec 9, 1935
Pneumonia Hypostatic	Jan 13, 1936

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis: Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elrod W. Johnson M. D.

(Address) 3432 Frederick Ave

9736 F 19536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

Registered No. 26-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. East Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Altharetta Young

(a) Residence: No. 507 N. East Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank A. Young

7. DATE OF BIRTH (month, day, year) August 2, 1872

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

13. NAME Robert Sanford

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sophia Rollins

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. William Young
(Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL Annapolis, Md.
Place Edwards Chapel Date Jan. 19 1936

19. UNDERTAKER Wm. H. Cook
(Address) 1007 N. Baltimore St.

20. FILED ... 19... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-18-34 to Jan 16 1936
I last saw her alive on first Dec 1935 Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer breast (both breasts)	

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 18 34

For what disease or injury? Removal of breast left

Name of operation? No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. H. Hutchins M. D.
(Address) 1227 N. Calvert St.

9737 8963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19737

CERTIFICATE OF DEATH

11-a-179-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 76-12 Ward .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Griffith

(a) Residence: No. County Street, Maryland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-1-1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Barcl y Gri fith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Reynolds

16. BIRTHPLACE (city or town) (State or country) ~~Md.~~

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkton, Md. Date Jan. 17, 1936

19. UNDERTAKER H. B. Bailey
(Address) Parkton, Md.

20. FILED ..... 19 ..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1936 to Jan. 17, 1936

I last saw her alive on Jan. 17, 1936. Death is said to have occurred on the date stated above, at 3:08 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzia--Broncho-Pneumonia	1/14/36
Generalized Peritonitis	?

Other contributory causes of importance:

Parturition (Cesa)	6/35

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dreanne Sterling, M. D.

(Address) Balto City Hospitals

F 19738

9738 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH XV 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12 - 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Scriba (for treatment)

(a) Residence: No. 2504 St. Paul St., Ward. Newark N J

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Maier

DATE OF BIRTH (month, day, year) Nov. 22, 1861.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Captain

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Newark New Jersey

13. NAME Jacob Scriba

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia Flammer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Dr. Henry B. Athey 2504 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place Newark N. J. Date Jan. 17, 1936

19. UNDERTAKER (Address) Harry H. Weitzler 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12th, 1936, to Jan. 17th 1936

I last saw him alive on Jan. 17, 1936. Death is said to have occurred on the date stated above, at 7:56 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (left)	1/2/36
Emphysema (left)	1/9/36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robin MacLee M. D.

(Address) Union Memorial Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E # 11439
E 19739

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Milholland

(a) Residence: No. 1025 Russell St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 11-25-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Con. Gas + Elec Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk. Date Jan. 18, 1936

19. UNDERTAKER Harry F. Weikel
(Address) 4101 Edmondson Ave

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/31 1935 to 1/15 1936

I last saw h alive on 1/15 1936 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-2 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Bal City Hosp

19740 E 19740

19740 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Maryland General Hospital (If not in hospital or institution, give its NAME instead of street and number.) St., ... Ward)

Registered No. .....

CITY OF BALTIMORE: (No. ..... Life

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adam Reeder

(a) Residence: No. 3141 Hanover Street Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower Married to Mrs Edith M Reeder

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Edith Reeder

7. DATE OF BIRTH (month, day, year) June 5 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Market Stall

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balt Md

13. NAME George Reeder Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Elis Gradow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Jan 18, 19 36

Place Greenmount Cem

19. UNDERTAKER Harry E Metz Co

(Address) 1101 Edmondson Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-13 1936 to 1-15 1936.

I last saw him alive on 1-15 1936 Death is said to have occurred on the date stated above, at 5 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Chronic Nephritis	

Other contributory causes of importance:

Dementia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) O.M. Nagel M. D.

(Address) Maryland Gen Hosp

F 19741

H. D. P. 1268-9

19741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Greenmount Ave Ward) 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. Unknown How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Fonte

(a) Residence: No. 1022 Greenmount Ave Ward. No Record

(Usual place of abode) (If non-resident, give city and state)

U. S. Veteran

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of Sarah M. Fonte

7. DATE OF BIRTH (month, day, year) Nov 11th 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestics

10. Date deceased last worked at this occupation (month and year) Jan 10th 36

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Samuel T. Fonte

(Address) 1022 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 20th 36

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936 to Jan 16, 1936

I last saw him alive on Jan 15, 1936 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Unknown
Other contributory causes of importance:	
Renal colic	1/15/36

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Dyberton M. D.

(Address) 2802 Harford Ave

F 19742

H. D. P. 1268-9

19742 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106B

Registered No. 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 519 Rossiter Ave., (Ward) 10

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. H. Gluck

(a) Residence: No. 519 Rossiter Ave St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M Gluck

6. DATE OF BIRTH (month, day, year) June 2nd 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. manufacturer of tinware

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Gluck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis W. Gluck

(Address) Gilman apts

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 18th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/36

22. I HEREBY CERTIFY, That I attended deceased from January 1936 to January 16 1936

I last saw him alive on Jan. 16 1936 Death is said to have occurred on the date stated above, at 2:35P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchiectasis	
Arteriosclerosis	

Other contributory causes of importance:

Prostatic Hypertrophy	For 1935

Name of operation clinical Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis W. Gluck M. D.

(Address) Gilman Apts

F 19743

C. D. P. 1768-9

9743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ×68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. Baltimore Md. St., 70-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Ruda McClain

(a) Residence: No. Coalmont Pa. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced — RUSBAND of — (or) WIFE of —

DATE OF BIRTH (month, day, year) 12/29/06

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) × | 11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Penna

13. NAME Andrew McClain

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Clara Starr

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Robert E. Huff
(Address) Saxton Penna

18. BURIAL, CREMATION, OR REMOVAL
Place Saxton Penna Date 1/18/, 1936

19. UNDERTAKER Wm Coop
(Address) 1217 St Paul St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 06

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1935 to Jan 17, 1936

I last saw her alive on Jan 17, 1936 Death is said to have occurred on the date stated above, at 3 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Excision of adrenal gland (L) For Female Hermaphroditism	1-13-36
Other contributory causes of importance: Vaso motor Syncope Peritonitis	1-16-36

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Simon E Kemp, M. D.

(Address) Bon Secours Hosp

M. D. B. 1268-9

✓ F 19744

19744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

Registered No. 7-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Ashland Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick Joseph Finn

(a) Residence: No. 2011 Ashland Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Mary B. Finn

6. DATE OF BIRTH (month, day, year) February 3 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tunnel Inspector B. O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Patrick J. Finn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Madden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary B. Finn
(Address) 2011 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 20 19 36

19. UNDERTAKER Gilbert W. Geregory
(Address) 440 E. North Ave

20. FILED 1936 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Face	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.
Carpper

(Address) 1918 E. North Ave.

✓ F 19745

9743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So Balto Gen Hosp (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Allen Way

(a) Residence: No. Colora 2nd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Oct 31, 1919

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	2	1716	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month, day, year) 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Colora, Md

MOTHER FATHER

13. NAME Clem Way

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Blackburn (Address) Colora Maryland

18. BURIAL, CREMATION, OR REMOVAL Place West Nottingham Md Date Jan 21 1936

19. UNDERTAKER J. E. Tyson (Address) Elkton Md.

20. FILED 1/17 1936 MM Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1936 to 1/17, 1936

I last saw him alive on 1/17 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

1st Hypostatic pneumonia shock

Generalized involvement of Peritoneal Glands — Primary Cause — ?

Low Blood Pressure

Definite Mitral Heart lesion

Date of onset

Other contributory causes of importance:

Marked anemia + Undernourishment over

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Sugar 1 Det. Was there an autopsy? yes

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfonso M. D.

(Address) So Balto Gen Hosp.

1936

M. D. P. 1268-9

9746

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19746

CERTIFICATE OF DEATH

66-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 S Kenwood ave Ward)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bronislawa Gayhowska

(a) Residence: No. 819 S Kenwood ave Ward.
(Usual place of abode) 3rd (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Soto

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME =

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Stomer
(Address) 603 S Montford

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 1/20 1936

19. UNDERTAKER John F Tilda
(Address) 2811 Hudson st

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Jan 15 1936

I last saw h alive on Jan 14 1936 Death is said to have occurred on the date stated above, at 5:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Thyroid hyperatrophy	
Other contributory causes of importance: myocardial failure	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wright M. D.

(Address) 910 S. Ellwood Ave.

✓ F 19747

0747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 S. Patterson Pk Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Antoni Kuc

(a) Residence: No. 513 S. Patterson Pk Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kuc

DATE OF BIRTH (month, day, year) Unk.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Joseph Kuc

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Anna Kuc

(Address) 513 S. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Jan. 20 1936

19. UNDERTAKER F. W. Orzewski

(Address) 1930 Eastern Ave.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6 1935 to Jan. 16 1936

I last saw h. alive on Jan. 16 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Terminal Pneumonia (Bronchial)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Andrew Kurkowski M. D.

(Address) 2529 Boston St.

VF 19748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

748 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6621 Fairdel Ave. St., Raspeburg Ward) 2755 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry L. George If U. S. Veteran specify WAR

(a) Residence: No. 6621 Fairdel Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia A. (nee Schroedtzke)

7. DATE OF BIRTH (month, day, year) Feb. 29, 1860.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Track Foreman B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry George

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna M. Lippert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Amelia A. George
(Address) 6621 Fairdel Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 18, 1936.

19. UNDERTAKER Henry F. Wetzel
(Address) 4101 Edmondson Ave.

20. FILED 19 , Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1933, to Jan 15, 1936. I last saw h alive on Jan 14, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Hypertension

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Gustave G. Wetz, M. D.

(Address) 6801 Belair Rd

19749 F 19749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2526 N Calvert St.) (12-3 Ward)
Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Virginia Taylor
If U. S. Veteran specify WAR .....

(a) Residence: No. 2526 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Mar. 10, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Co Va
13. NAME OF FATHER Parley B. Taylor
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME OF MOTHER Mary Pendleton
16. BIRTHPLACE (city or town) (State or country) Va.
17. INFORMANT Mrs John W. Brown (Address) 2526 N. Calvert St.
18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date Jan 18 1936
19. UNDERTAKER Wm Fleckenstein Sons (Address) North & Paines.
20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16. 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/15/ 1935 to 1/16/ 1936
I last saw her alive on 1/14/ 1936. Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc	about 1932
Other contributory causes of importance: Chronic Myocarditis - NV	1/10/35

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) George A Barden M. D.
(Address) 1507 E. North Ave

F 19750

19750 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. 15-13

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Ada Miller
(a) Residence: No. 4376 Park Heights Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Miller

DATE OF BIRTH (month, day, year) 12-14-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME W. Trail

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cath. Hess

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 20 1936

19. UNDERTAKER Wm. Pickett & Sons
(Address) North & Paca sts.

20. FILED ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/1936

22. I HEREBY CERTIFY, That I attended deceased from 1/3/1936 to 1/17/1936
I last saw her alive on 1/17/1936. Death is said to have occurred on the date stated above, at 12 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Bronchopneumonia	2 days
Cardiovascular renal disease	3 yr. (s)

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp.

H. D. B 1269-9

19751

HEALTH DEPARTMENT—CITY OF BALTIMORE

19751

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 S. Spring St. 3-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Leffler

If U. S. Veteran specify WAR .....

(a) Residence: No. 133 S. Spring St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie L.

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Interest in Tin can factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katie - Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Maggie L. Leffler

(Address) 133 S. Spring St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date Jan. 18. 1936

19. UNDERTAKER John P. Kenney

(Address) 715 Light St.

20. FILED JAN 18 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said Coroner find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	Jan 11 36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. N. Wright Coroner, M. D.

(Address) 1010 S. Eliot St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

19752 19752

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Cecil Ave St., 9-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Jr Boston

(a) Residence: No. 1904 Cecil Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of — Single

DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Robert Boston

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Alice N Parks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Boston
(Address) Chestertown Md

18. BURIAL, CREMATION, OR REMOVAL
Place Summit Cemetery Date Jan 17, 1936

19. UNDERTAKER Mary M Friedfeld
(Address) 701 E 22nd St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1114, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1925 to Jan 14, 1936

I last saw her alive on Jan. 12, 1936. Death is said to have occurred on the date stated above, at 320 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right left breast with metastases.	5 yrs.
Other contributory causes of importance: Bronchial Pneumonia	one week

Name of operation none Date of —

What test confirmed diagnosis? Clinical & Autopsy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ....., 19....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No —

Manner of Injury No

Nature of Injury No.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Dr. Fittinger, M. D.

(Address) 1304 Eutaw

F 19753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

JOHNS HOPKINS HOSPITAL

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Fagan

(a) Residence: No. 106 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 7/27/30

7. AGE: Years 5 | Months 5 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Emma Maddox

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Cemetery Date 1/18/36 19

19. UNDERTAKER Mrs Chas G. Bailey

(Address) 14 21 Jefferson St

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1936 to Jan 15, 1936

I last saw h[illegible] alive on Jan 15, 1936. Death is said to have occurred on the date stated above, at 3:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	1935

Other contributory causes of importance:

Was an operation performed? Yes. Date of 1/15/36

For what disease or injury?

Name of operation Cerebellar approach Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

9754

HEALTH DEPARTMENT—CITY OF BALTIMORE

9754

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Hawkins

(a) Residence: No. 129 Welcome Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1887

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fertilizer factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Hawkins

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Linda Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/18 1936

19. UNDERTAKER J. M. Fahey & Son
(Address) 1310 Light St

20. FILED 19 By

JAN 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/22 1935 to 1/15 1936

I last saw him alive on 1/15 1936 Death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2-3 days
Aortic insufficiency	5 mos.

Other contributory causes of importance:

None.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reis M. D.

(Address) Balto City Hosp.

F 19755

19755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1041 Aisquith St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frederick J. Gibmeyer — If U. S. Veteran specify WAR .....

(a) Residence: No. 1041 Aisquith St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Mrs. Rose M Gibmeyer

7. DATE OF BIRTH (month, day, year) Jan. 18 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Bernard Gibmeyer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Josephine Schulte

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Rose M Gibmeyer
(Address) 1041 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL Place Ft. Lafayette Cem. Date Jan. 21 1936

19. UNDERTAKER Henry Koch & Bro., Inc.
(Address) 1347 E Baltimore St.

20. FILED ... 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1935 to Jan 17 1936
I last saw him alive on Jan 17 1936 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lung.	

Other contributory causes of importance: Jaundice Metastasis

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Koch M. D.

(Address) 936 E. Monument St

M. D. B. 1268-9

Sarah Lee ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

19756 — 34-95-3 — F 19756

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 819 N Fremont Ave St., 17 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Lee

(a) Residence: No. 819 N Fremont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Robert Lee

6. DATE OF BIRTH (month, day, year) June 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) 1 | 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robert Lee

(Address) 819 N Fremont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date Jan 19. 1936

19. UNDERTAKER Joseph A. Lipsky

(Address) 2232 Mount Street

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 . 1936 . to June 15 . 1936

I last saw h 14 alive on June 15 . 1936 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows: — Date of onset

(a) Acute Endocarditis ?

Edema

Other contributory causes of importance: Nil

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. C. Stewart . M. D.

(Address) 1900 W Lexington

F 19757

19757 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., W 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs R.R. Smith Alberta Hooper Smith

If U. S. Veteran specify WAR

(a) Residence: No. 3405 Greenway City St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert R. Smith

7. DATE OF BIRTH (month, day, year) Oct 24, 1862

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73.	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Mr James Hooper

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary McC William

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Lucian Hooper Lorsey

(Address) 1129 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 18 1936

19. UNDERTAKER John D. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1935 to 1-17 1936

I last saw her alive on 1-17 1936 Death is said to have occurred on the date stated above, at 1.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
c Carcinomatosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold N. Hoge M. D.

(Address) Union Memorial Hosp

Kopokas ✓

Spec.—1-10-21—M&T—1500 Blks.

F 19758 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19758

93-C

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH 903 Bayard (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 903 ST. Bedford ST. 21-7 WARD)

2-FULL NAME Marijona Matyseicz Kopokas

(a) RESIDENCE NO. 903 ST. Bayard WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Kopokas

6 DATE OF BIRTH (month, day, and year) ? ? 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Makar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Makar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Jessie Gustitis

(Address) 39 S. Stricker St.

15 Filed JAN 18 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15/36 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 19 37 to Jan 15 19 36.

that I last saw h alive on Jan 14 19 36.

and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

about 2 yrs. mos. ds.

(duration)

CONTRIBUTORY (Secondary) Myocarditis

(duration) about 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter Stuart M.D.

(Address) 2220 Garrison Blvd

Jan 16/36

*State (1) Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL 1/20 1936

20 UNDERTAKER Elias B. Kuhnastes ADDRESS 657 S. Paca St

Write letter to hospital (City) [illegible]

9759) T 9759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) University Hospital St. 15 Ward 2

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Moore

(a) Residence: No. 1212 W. Lexington St. St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: B

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): 12/28/35

7. AGE — Years: — Months: — Days: 1 — If LESS than 1 day, ... hrs. or ... min.: 8 17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Moore

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Christine Student

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mother

(Address): 1212 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place: University of Md Date: Jan 18, 1936

19. UNDERTAKER: [illegible]

(Address): For Wm E WOODALL

20. FILED ..., 19... Registrar

2057

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/15/36

22. I HEREBY CERTIFY, That I attended deceased from 12/28, 1935 to 1/15, 1936. I last saw he alive on 1/15/36. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset .....

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William S. Fallon M. D.

(Address) Univ. Hospital

9760 E 19760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Fremont St., 17-1 Ward)

Length of residence in city or town where death occurred yrs. Eyd mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Burdett Duffin

(a) Residence: No. 808 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Duffin

DATE OF BIRTH (month, day, year) 1853

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
82			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gentleman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mary E. Bailey

(Address) 808 Fremont St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date 1/20/ 1936

19. UNDERTAKER Frances G. Stepperley

(Address) 578 W. Biddle St.

20. FILED JAN 21 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/36

22. I HEREBY CERTIFY, That I attended deceased from 1/16/36 19..., to 1/17/36 19..., I last saw deceased alive on 1/17/36. Death is said to have occurred on the date stated above, at 12:45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Hemorrhage	1 day
Arteriosclerosis	Years

Other contributory causes of importance:

Hard work

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Lee Elkin M. D.

(Address) 614 Madison Ave

er.—2-25-28—L. F. S.—500 Bks.

F 19761

19761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 E. Lexington ST., 5-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Thomas

(a) RESIDENCE NO. 1416 E. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Fronnie Thomas

DATE OF BIRTH (month, day, and year) May 15th 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bennettsville S. C.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Fronnie Thomas

(Address) 1416 E. Lexington St

Filed Jan 21 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16th 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan 13th 1936 to Jan 16th 1936

that I last saw her alive on Jan 16th 1936

and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Glick, M. D.

Jan 16 1936 (Address) 1416 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem. DATE OF BURIAL Jan 19 1936

20 UNDERTAKER Mrs Peter A. Elliott daughter ADDRESS 1129 Carlton St

M. D. B 1268-9

F 19762

19762 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH 417 Parrish St.

CITY OF BALTIMORE: (No. ..... St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

if U. S. Veteran specify WAR .....

2. FULL NAME Edward Jones

(a) Residence: No. 417 Parrish St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Jones

6. DATE OF BIRTH (month, day, year) 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9 / 90	8??	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yorktown Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Jones,
(Address) 417 Parrish St.

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
Place Williamsport Date Jan 20. 1936

19. UNDERTAKER Albert Lisk
(Address) Williamsport md

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16th, 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia,	Jan, 15. 1936
Other contributory causes of importance:	

Was an operation performed? No, Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify .....

(Signed) Jos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave.

F 19763

19763 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH + 108

Registered No. 19-6

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR World

2. FULL NAME Russell Hutson

(a) Residence: No. 3 Gunther Place, Passaic, N. J. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Grant Hutson

7. DATE OF BIRTH (month, day, year) February 18, 1892

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 1-11-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Co. Virginia

FATHER

13. NAME Enoch Hutson

14. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

MOTHER

15. MAIDEN NAME Sarah Brooks

16. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mathews Va Date Jan 18, 1936

19. UNDERTAKER John F. Dresser
(Address) 5 Light St

20. FILED ... M. E. Dis. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1936, to January 18, 1936

I last saw him alive on January 18, 1936 Death is said to have occurred on the date stated above, at 9:20 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, bilateral	8 days

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) T. B. H. Anderson M. D.
(Address) U.S. Marine Hospital

F 19764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19764

107-a (Fran)

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Lasch

(a) Residence: No. 433 Asquith St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

13. NAME Phillip Lasch

14. BIRTHPLACE (city or town) (State or country) (Russia) Austria

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) (Russia) Austria

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 1-19-36 19

19. UNDERTAKER Jos. Levy & Sons (Address) 1439 E. Balto St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17 1936

22. I HEREBY CERTIFY, That I attended deceased from January 16 1936 to January 17 1936

I last saw deceased alive on January 17 1936. Death is said to have occurred on the date stated above, at 6.07 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/15/36
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Lyon M. D.

(Address) Sinai Hospital

19765 F 19765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2434 Callow ave St., 13-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther Friedman

(a) Residence: No. 2434 Callow ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Barnett Friedman

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME OF FATHER Yehuda Mounte

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Sarah Mounte

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Barnett Friedman

(Address) 2434 Callow ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pallo Hebrew Date 1-19-36

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St

20. FILED JAN 19 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1926, to Jan 17, 1936

I last saw her alive on Jan 16, 1936 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral thrombosis	Jan 13 '36
Other contributory causes of importance: Diabetes mellitus.	1926.
Fracture of femur	1934

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Simmons Hirschfeld M. D.

(Address) 1810 Eutaw Pl

F 19766

F 19766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4017 Boarman Ave Ward 10) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... da.

2. FULL NAME Louis Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. 4017 Boarman Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor-Pr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Miller

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mendel ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Engle

(Address) 4017 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL Beloved Mt Carmel Date 1-19-36 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St.

1-19-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 23rd, 1935 to Jan 17th, 1936

I last saw h alive on Jan 17th, 1936. Death is said to have occurred on the date stated above, at 10:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	
Other contributory causes of importance: Pneumonia	Jan 13th 1936

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Steinberg M. D.

(Address) 3736 Park Heights Ave

F 19767

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19767

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 E 24th St., 12-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Marie Moore

(a) Residence: No. 417 E 24th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 25, 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16 yrs	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

13. NAME Louis E. Moore

14. BIRTHPLACE (city or town) (State or country) Danville Virginia

15. MAIDEN NAME Ethel Bowler

16. BIRTHPLACE (city or town) (State or country) Essex Co. Virginia

17. INFORMANT Ethel J. Moore

(Address) 417 E 24th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 1-19- 1936

19. UNDERTAKER Byron Maynie H. Wright

(Address) 1281 N Eldersley St

20. FILED 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Jan 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1936, to Jan 15, 1936

I last saw her alive on Jan 15, 1936. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Jan 3.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. D. Julian M. D.

(Address) 434 E 23rd St.

F 19768

19768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 46-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 E Biddle St., 10 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Geo. J. Sweeney

(a) Residence: No. 400 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Corrigan

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME David Sweeney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Ward

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Celeste Nonnenberger (Address) 400 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Jan 20 1936

19. UNDERTAKER Reba Wiedefeld (Address) 914 Greenmount Ave

20. FILED 19 Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1932 to Jan 16 1936

I last saw h alive on Jan 15 1936 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	Sept 1935
Arteriosclerosis and Coronary	3
Other contributory causes of importance: Carcinoma of Sigmoid	Jan 1936
Colon	

Was an operation performed? Yes Date of 1/30/36

For what disease or injury? Cancer of Sigmoid

Name of operation Intestinal resection Date of 1/30/36

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Thos E Geraghty M. D.

(Address) 10 E Biddle St

AACo. 141-2000 (9)

F 19769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 E. Federal St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Royston Thomas Sawyer

(a) Residence: No. 2003 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jany 4/36

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			1d	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William R. Sawyer

14. BIRTHPLACE (city or town) (State or country) Portsmouth, Va.

15. MAIDEN NAME Bernice Lee Rich

16. BIRTHPLACE (city or town) (State or country) Portsmouth, Va

17. INFORMANT Mother
(Address) 2003 E Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Portsmouth Va Date Jan 20, 1936

19. UNDERTAKER Albert McGregor
(Address) 440 E North Ave

20. FILED JAN 21 1936 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 19/36 19...

22. I HEREBY CERTIFY, That I attended deceased from birth, 19..., to Jany 19/36 19...

I last saw him alive on Jany 19/36 death is said to have occurred on the date stated above, at 1.20 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dehydration-Starvation	
Ileocolitis	7 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Jos. H. Talbot, M. D.

(Address) 508 E North Ave

19770 F 19770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 139-C

1. PLACE OF DEATH University Hospital — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., H-3 Ward)

Length of residence in city or town where death occurred 24 yrs. ____ mos. 4 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Sarah Wright — If U. S. Veteran specify WAR ____

(a) Residence: No. Marwood Road, Towson, Md. Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Wright

DATE OF BIRTH (month, day, year) May 27 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	7	22 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

13. NAME Robert R Shinn

14. BIRTHPLACE (city or town) (State or country) Chestertown Md

15. MAIDEN NAME Sarah V Day

16. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

17. INFORMANT Nelson a Wright
(Address) 2531 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Jan 20 1936

19. UNDERTAKER Albert W Gregory
(Address) 440 E Fayette Ave

FILED ____ 19 ____ [illegible] city register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18 1936

22. I HEREBY CERTIFY, That I attended deceased from January 12 1936, to January 18 1936.

I last saw her alive on January 18 1936 Death is said to have occurred on the date stated above, at 12.15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroverted Uterus	
Operation (Suspension of Uterus and Appendectomy)	1/13/36
	1936
Other contributory causes of importance:	
Shock	1/17/36
Cerebral Thrombosis	1/17/36

Was an operation performed? Yes Date of January

For what disease or injury? Retroverted Uterus Appendectomy

Name of operation Suspension of Uterus Date of 1/13/36

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Helen J. Maginnis M. D.
(Address) University Hospital

M. D. B 1268-9

F 19771

19771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Edmondson Ave. St. 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johanna Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 3501 Edmondson Ave, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of Julius Thomas (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17th 184[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	92	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME ? Brooks

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Emma Schultz,

(Address) 3501 Edmondson Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Com. Date Jan 20, 1936

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above. 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Other contributory causes of importance: Fracture Left Hip.	

Was an operation performed? No, Date of

For what disease or injury? At Home

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Fractured Left Hip, No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Dec 26, 1935

Where did injury occur? In home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fell while walking across her room floor,

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave,

19772 ✓ F 19772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St., 1 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Joseph Bresnehan

If U. S. Veteran specify WAR .....

(a) Residence: No. 3000 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle M. (nee Geoghegan)

7. DATE OF BIRTH (month, day, year) April 8, 1878.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Bresnehan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Myrtle M. Bresnehan 3000 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date Jan. 20, 19 36

19. UNDERTAKER (Address) Frank J. Myrtle 4101 Edmondson Ave.

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/10/36, 19..., to 1/17/36, 19...

I last saw h— alive on 1/15, 19 36 Death is said to have occurred on the date stated above, at 1:5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Acute Pulmonary Edema	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George Schaetzel, M. D.

(Address) Asst Balto Gen. Hosp.

F 19773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4016 E. Lombard St. 26-8 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Morrison Emerine If U. S. Vet. specify WAR No Record

(a) Residence: No. 4016 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha (Klein) Emerine

6. DATE OF BIRTH (month, day, year) Aug 20 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In cafe Adv't

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Wesley Emerine

14. BIRTHPLACE (city or town) (State or country) Smithville Md.

MOTHER

15. MAIDEN NAME Margaret Schneider

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Nelson Hoise (Sister)
(Address) 465 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 20th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED JAN 20 1936 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coron, Embolism	

Other contributory causes of importance: Chron myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright, M. D. Coroner

(Address) 1610 S. Ellwood Ave.

F 19774

F 19774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1508 Homestead St., 9-7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Taylor

(a) Residence: No. 1508 Homestead St., Ward. 55 years

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran

Specify War No

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Taylor

DATE OF BIRTH (month, day, year) Sept 14 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Straw Hats

10. Date deceased last worked at this occupation (month and year) Nov 1935

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (City or town) (State or country) Germany

13. NAME Dont Know

14. BIRTHPLACE (City or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (City or town) (State or country) Germany

17. INFORMANT Margaret Taylor (Address) 1508 Homestead St

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date 1/20 1936

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1936 to Jan. 17 1936

I last saw him alive on Jan. 17 1936 Death is said to have occurred on the date stated above, at 8.4P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	12 to 25
Other contributory causes of importance: Hypostatic pneumonia	Cont

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. T. Bouchelle M. D.

(Address) 2104 St. Paul St.

F 19775

F 19775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 N Green St. 4-2 Ward.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph J. Cippan

(a) Residence: No. 238 N Green St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran

Specify War

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced — HUSBAND of (or) WIFE of: Viola May Cippan

7. DATE OF BIRTH (month, day, year): Feb 1, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Meyer Burner

10. Date deceased last worked at this occupation (month, year): June 1935

11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Joseph Cippan

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Viola M. Cippan Same 238 N Green St

18. BURIAL, CREMATION, OR REMOVAL — Place: London Park Date: Jan 20th 1936

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St

20. FILED [illegible] 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1935 to Jan 17 1936

I last saw him alive on Jan 17 1936 Death is said to have occurred on the date stated above, at 9:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocarditis	Nov 1935
(b)	
(c)	
(d)	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Levy, M. D.

(Address) 1844 W. North Ave.

19776 E 19776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No. 15-4

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lindsay Longest If U. S. Veteran specify WAR No Record

(a) Residence: No. 1904 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Ophelia Longest

DATE OF BIRTH (month, day, year) July 12 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

13. NAME Claiborne Longest

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Adeline (Longest Ox)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Ophelia Longest 1904 Pulaski St

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Jan 20th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED JAN 22 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1936, to Jan 17, 1936

I last saw him alive on Jan 17, 1936 Death is said to have occurred on the date stated above, at 7.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

AACo. 5-31 250B

19777

HEALTH DEPARTMENT—CITY OF BALTIMORE

19777

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1908 Edmondson Ave St., 16-W Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B Ziegler

(a) Residence: No. 1908 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Martin Ziegler

6. DATE OF BIRTH (month, day, year) 7-4-56

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeping Books

10. Date deceased last worked at this occupation (month and year) 21 yrs Total time (years) spent in this occupation 30 0

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Samuel F Ziegler

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Emma M Ziegler
(Address) 1908 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Jan. 20- 1936.

19. UNDERTAKER Charles J Schwab
(Address) 505 N. Monroe St.

20. FILED 1-21-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-36 19

22. I HEREBY CERTIFY, That I attended deceased from 1-14-36 19 to 1-17-36 19

I last saw h[illegible] alive on 1-17-36 19 death is said to have occurred on the date stated above, at 3.45 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	10 yrs
Other contributory causes of importance: Cerebral Haemorrange	

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 910 N Fulton Ave

19778 ✓ F 19778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Walnut Ave St., 27 Ward) Gruden

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry C. Schmidt

(a) Residence: No. 3811 Walnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret E. Schmidt

6. DATE OF BIRTH (month, day, year) July 20th 1870

7. AGE: Years 65 | Months 6 | Days 26 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. Railroad Co

10. Date deceased last worked at this occupation (month and year) Feb. 1929

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

FATHER

13. NAME Julius C. Schmidt

14. BIRTHPLACE (city or town) (State or country) Coblenz Germany

MOTHER

15. MAIDEN NAME Maria Swidki

16. BIRTHPLACE (city or town) (State or country) Lippenzel Switzerland

17. INFORMANT Mrs. Margaret E. Schmidt

(Address) 3811 Walnut Ave.

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Jan. 20 1936

19. UNDERTAKER Frederick C. Sisson Inc.

(Address) 7401 Belair Road

20. FILED JAN 20 1936 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18 1935 to Jan 16 1936

I last saw him alive on Jan 16th 1936 Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3 yrs.
Other contributory causes of importance: Cerebral Hemorrhage	Jan 16 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Meyer M. D.

(Address) 1 W. Madison

308101 F 19779 ✓ F 19779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Minor

If U. S. Veteran specify WAR None

(a) Residence: No. 1008 N. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-5-99

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER

13. NAME Harry -
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Ella Hawkins
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 22-1936

19. UNDERTAKER Robt. J. Williams
(Address) 1515 McElderry St

20. FILED JAN 18 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936 to Jan 16, 1936

I last saw him alive on Jan 16, 1936 Death is said to have occurred on the date stated above, at 9:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Hyalin necrosis Aorta ? syphilis	
2) Carcinomatosis & probable Tuberculosis	
Other contributory causes of importance: Exceeding diarrhea & cachexia	2 mos

Was an operation performed? Yes Date of October, 1935

For what disease or injury? Gastric ulcer

Name of operation Partial gastroenterostomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. B. Woodhall, M. D.

(Address) Johns Hopkins Hospital.

F 19780

F 19780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Betty Hayes -

(a) Residence: No. Sedbrook Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 14-1923

7. AGE: Years 12 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME Clifford Hayes

14. BIRTHPLACE (City or town) (State or country) Penn -

FATHER

15. MAIDEN NAME Marie Kafka

16. BIRTHPLACE (city or town) (State or country) Germ -

17. INFORMANT Records -

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Gaithersburg Md Date Jan 19, 1936

19. UNDERTAKER Garcia & Son

(Address) Gaithersburg Md

20. FILED JOHNS HOPKINS HOSPITAL Registrar

JAN 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936, to Jan 19, 1936

I last saw her alive on Jan 19, 1936 Death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHIECTASIS	
Bronchiectasis	5 yrs
Other contributory causes of importance:	
Cerebral embolism	5 hrs

Was an operation performed? Yes Date of Jan 16

For what disease or injury? Bronchiectasis

Name of operation Thoracotomy Date of Jan 16

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Woodhouse, M. D.

(Address) J. H. Hospital

F 19781

F 19781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? 55 yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Hyman Brossner

(a) Residence: No. 1121 E. Pratt St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

7. DATE OF BIRTH (month, day, year) 1863

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant TAILOR of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MENS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Rwedale Date 1-19- 36

19. UNDERTAKER Jack Levin Inc
(Address) 1429 E. Balto. St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-17 . 1936 to 1-19 . 1936

I last saw him alive on 1-19 . 1936 Death is said to have occurred on the date stated above, at 4:25 p. m.

The principal cause of death and related causes of importance were as follows:

Benign hypertrophy of Prostate gland — ? Date of onset

Arteriosclerotic gangrene Both Legs — 2 weeks

Other contributory causes of importance:

Uremic Coma over 2 days

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

F 19782

F 19782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 1-86-a

CITY OF BALTIMORE: (No. ..... St., 11-B Ward) + Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miles Strawer

(a) Residence: No. Westminster Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 6, 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Store

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

13. NAME of father Joseph Strawer

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Martha Miles

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date Jan. 21. 1936

19. UNDERTAKER J. Francis Reese

(Address) Westminster Md.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest / Autopsy / Inquiry, thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Contusions of scalp and face

Date of onset

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan. 3. 1936.

Where did injury occur? Baltimore City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Private home

Manner of injury Pt. fell down cellar steps

Nature of injury Contusions scalp & face

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A Karn, M. D. Coroner

(Address) 1215 Hanover

F 19783

19783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dr. Joseph C. Jett

(a) Residence: No. Springdale Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elsa

7. DATE OF BIRTH (month, day, year): 4/7/79

8. AGE — Years: 56 | Months: 9 | Days: 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Joseph Jett

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Springdale Pa. Date: 1/17/36

19. UNDERTAKER: John B. Hall & Son
(Address) 1200 N. Howard St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936 to Jan 19, 1936

Last saw him alive on Jan 19, 1936 Death is said to have occurred on the date stated above, at 950A m.

The principal cause of death and related causes of importance were as follows:

Lipoma sarcoma due to chloroform poisoning — Date of onset: 12/22/35

Other contributory causes of importance:

Tabes dorsalis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Sarah M Broadbent M. D.

(Address) Johns Hopkins Hospital

F 19784

D. B 1280-4

F 19784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Harlem St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Mary Catherine Murphy

(a) Residence: No. 1812 Harlem ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward J. Murphy

DATE OF BIRTH (month, day, year) Oct 2 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas J. Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Mc

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Isabelle J. Murphy

(Address) 1812 Harlem ave, Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross (Hanford Rd) Jan 20 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry, thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 10 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 1217 Hanover

F 19785

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19785

CERTIFICATE OF DEATH

93-C

Registered No. E-6

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1710 N. Bond Street St., ( ) Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Thomas J. Connor Sr.
(a) Residence: No. 1710 N. Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Cullen Connor

DATE OF BIRTH (month, day, year) July 22nd, 1875.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thomas Connor
14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Fleury
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Shay (Daughter)
(Address) 1710 N. Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Jan 20, 1936

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave.

20. FILED 1936 Registrar. Ruth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1935 to Jan 17 1936
I last saw him alive on Jan 16 1936 Death is said to have occurred on the date stated above, at 12 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 26/35
Other contributory causes of importance: Hypostatic congestion	Nov

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. W. Kruse, M. D.
(Address) 1627 Brentwood

19786 F 19786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Whitmore Av 16-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cornelius Meusel

(a) Residence: No. 1002 Whitmore Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Caroline Meusel

6. DATE OF BIRTH (month, day, year): June 1 1853

7. AGE: Years 82 | Months 7 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER FATHER

13. NAME: Daniel Meusel

14. BIRTHPLACE (city or town) (State or country): Germany.

15. MAIDEN NAME: Barbara Dieterle

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Caroline Meusel
(Address) 1002 Whitmore Ave

18. BURIAL, CREMATION, REMOVAL: Loudon Park Date 1-20 1936

19. UNDERTAKER: Mrs Chas A G Rohde
(Address) 2327 Edmondson Ave

25. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17 1936 to Jan 17 1936

I last saw h alive on June 16 1936. Death is said to have occurred on the date stated above, at 4.20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	4 yrs.
chronic	

Other contributory causes of importance:

Pulmonary Edema	2 days

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) 216 [illegible]

19787 E 19787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3908 Maine Ave (Ward) 15-10

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles M. Zepp

(a) Residence: No. 3908 Maine Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence B Zepp

6. DATE OF BIRTH (month, day, year) Feb 11 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tinware Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Courtney B. Zepp

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Wall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Florence B. Zepp
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster, Md June 20 1936

19. UNDERTAKER J. Francis Reese
(Address) Westminster, Md.

20. FILED ..... 19 ..... Registrar

FJE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1936

22. I HEREBY CERTIFY, That I attended deceased from June 14th 1936 to June 18th 1936

I last saw h[illegible] alive on June 17th 1936. Death is said to have occurred on the date stated above, at 4.17 A m.

The principal cause of death and related causes of importance were as follows:

Hemoplegia
with Jaundice

Date of onset 14th

Other contributory causes of importance:

Chronic Nephritis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert E Zepp M. D.

(Address) 3048 N. Monte St.

F 19788

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19788

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Puget St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewy Patterson

(a) Residence: No. 2406 Puget St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. H.

7. DATE OF BIRTH (month, day, year) 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Frank Wall

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

15. MAIDEN NAME Sallie Berry

16. BIRTHPLACE (city or town) (State or country) Balto County

17. INFORMANT Wm. Patterson

(Address) 2406 Puget St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 1/20, 1936

19. UNDERTAKER Joseph F. Locke Jr.

(Address) 302 Jefferson St.

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/36

22. I HEREBY CERTIFY, That I attended deceased from 1/1/36, to 1/16/36

I last saw him alive on 1/16/36 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraplexy —	1/16/36
Chronic Nephritis (Brights)	10/5/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Hawkins, M. D.

(Address) 912 Eutaw St

F 19789

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19789

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Mayall

(a) Residence: No. 1006 Leadenhall St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-31-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME William Ward

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nancy Bird

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 1/21/36

19. UNDERTAKER Bernard P. Herring
(Address) 818 Druid Hill Ave.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/23, 1934 to 1/17, 1936

I last saw her alive on 1/17, 1936 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion (?)	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

Spec.—9-30—A. & Co.—250 Bks

F 19790

F 19790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1308 Stockton St. 15-1 WARD)

2-FULL NAME Preston Malchie

(a) RESIDENCE NO 1308 Stockton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lussie Malchie

6 DATE OF BIRTH (month, day, and year) Sept 2, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	43	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) Longshoreman

(c) Name of employer Furnace & Whitley Co

9 BIRTHPLACE (city or town) (State or country) S. C

PARENTS

10 NAME OF FATHER Boyd Malchie

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Rosa ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C

14 Informant Lussie Malchie
(Address) 1308 Stockton St

15 Filed ..., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17/36

17 I HEREBY CERTIFY, That I attended deceased from 1/12, 1936, to 1/17, 1936

That I last saw h alive on 1/17, 1936

and that death occurred, on the date stated above, at 3:15 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirms diagnosis? ✓

(Signed) W. F. Hatcher M. D.

1/20, 1936 (Address) 1775 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 1/20 1936

20 UNDERTAKER Thos. E. Kelson

ADDRESS 303 Presstman St

F 19791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19791

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Allen Gibson

(a) Residence: No. 1509 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 2, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lewis Gibson

14. BIRTHPLACE (city or town) (State or country) Ellicott City Md

MOTHER

15. MAIDEN NAME Anna Stafford

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 1/20 1936

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Preastman St.

20. FILED ..... 19 ..... Registrar.

REC 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936, to Jan 16, 1936

I last saw him alive on Jan 16, 1936 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	12-11-35
Miliary Tuberculosis	1-1-36
Tuberculous meningitis	1-7-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Irene D. Schwenther, M. D.

(Address) Sydenham Hospital

F 19792

D. B 1268-9

19792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/20

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Preastman St., 15-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Leo Lilyhman

(a) Residence: No. 1410 Preastman St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 22 1931.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Mrs Lilyman

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Martha Shipley

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mrs Leo Lilyman
(Address) 1410 Preastman

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/20 19 36

19. UNDERTAKER Thos E. Kelson
(Address) 1303 Preastman St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) ... M. D.
Coroner

(Address) 215 Hanover

19793

F 19793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-C

1. PLACE OF DEATH West Baltimore Street Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nathan Svolacos

(a) Residence: No. 1720 N. Appleton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Svolacos

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Neat Tailor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sophie Svolacos
(Address) 1720 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL
Helmes Herring Burg Date 1-21 36

19. UNDERTAKER Jos. Lewis Bro.
(Address) 1439 E. Balto St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1936 to Jan 19 1936

I last saw him alive on Jan 19, 1936. Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia Both Lungs	5
Chronic Myocarditis	5

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state how .....

(Signed) J. Alexis M. D.

(Address) West Balto Gen Hosp

H. D. B. 1268-9

19794

19794 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 75

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1013 Greenmount Ave. St., 10-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Murray

(a) Residence: No. 1021 Warden St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Murray (nee Gavin)

7. DATE OF BIRTH (month, day, year) Sept. 15, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 yrs	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Andrews Stone Co

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Patrick Murray

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Canfield

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John P. Murray (Son)
(Address) 921 E. Eager st

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Jan. 21, 1936

19. UNDERTAKER Elmer W. Conklin
(Address) 924 E. Eager St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 th, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	

Other contributory causes of importance:

Exposure

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenken Coroner M. D.

(Address) 1918 E. North ave

19795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119795

34-9-93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Robinson (Johnny James)

(a) Residence: No. 1428 E. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-10-1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building & Trading

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Sidney

14. BIRTHPLACE (city or town) (State or country) V.

MOTHER

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 20 Jan 1936

19. UNDERTAKER Edw Bryan (Address) 1647 Orleans St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/1936

22. I HEREBY CERTIFY, That I attended deceased from 12/11/1935 to 1/14/1936

I last saw him alive on 1/14/1936 Death is said to have occurred on the date stated above, at 6 20 p m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency Two. — Date of onset

Other contributory causes of importance:

None.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Bates M. D.

(Address) Balto City Hosp.

F 19796

19796 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3432 Edmondson Av. 16-Y Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ...ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ada Leonard Bowers

(a) Residence: No. 3432 Edmondson Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Sept 9-1891

8. AGE: Years 45 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nurse

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Charles Bowers

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Ida Barnes

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mrs. Paul Parr 3432 Edmondson

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Cem. Date Jan 22 1936

19. UNDERTAKER (Address): No Undertaker Victor Powers

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan- 19- 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-31-35 19 ... to Jan-19- 1936

I last saw h[illegible] alive on Jan-18 1936. Death is said to have occurred on the date stated above, at 12 30 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency with decompensation and Failure — Date of onset ?

Other contributory causes of importance: Chronic Mitral Insufficiency of long duration — Date of onset 12/31/35

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Wesley Bell M. D.

(Address) 2202 Harrison Blvd

AaCo. 5-31 250B

F 19797 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19797

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2552 McCulloh St., 13-3 Ward)

Length of residence in city or town where death occurred 35 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Laurence A. L. Hall (Hall)

(a) Residence: No. 2552 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 15 1906

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	29	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Carroll A. Hall

14. BIRTHPLACE (city or town) (State or country) Deal River, Va

15. MAIDEN NAME Hattie Good

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va

17. INFORMANT Chas. Colbert
(Address) 2552 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/21 1934

19. UNDERTAKER Wm. H. Holland
(Address) 1631 Mund Hill ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23 1935 to Jan 18 1936

I last saw him alive on Jan 18 1936 death is said to have occurred on the date stated above, at 9.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pneumonic bilateral	about May 1935

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Marshall M. D.
(Address) 1838 Druid Hill Ave

11049 F 19798

F 19798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Taylor

(a) Residence: No. 1800 Eagle St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-27-1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anne ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 1-20 . 1936

19. UNDERTAKER Mrs Geo. L. Holland
(Address) 1631 Division Ave.

20. FILED ..... 19 ..... Registrar.

60 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-9 . 1935 to 1-17 . 1936

I last saw him alive on 1-17 . 1936 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset 11-29-35

(Grip)

Other contributory causes of importance:

Septicemia — 12-10-35

Abscess of knee — 12-20-35

Was an operation performed? Yes Date of 12-24-35

For what disease or injury? Abscess of knee

Name of operation Incision & Drainage Date of 12-24-35

Blood Culture

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R Bloss M. D.

(Address) Balto City Hosp

19799

F 19799

308462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-81

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Holbrook

(a) Residence: No. 1600 Madison ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Russell

6. DATE OF BIRTH (month, day, year): 8-1-93

7. AGE: Years 42; Months 5; Days 15; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER FATHER

13. NAME: George Granderson

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Elizabeth Lucas

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: 1-20-1936

19. UNDERTAKER: Wm H. Holland
(Address) 1681 Druid Hill Ave

20. FILED: JAN 20 1936 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Jan 16, 1936

I last saw her alive on Jan 16, 1936 Death is said to have occurred on the date stated above, at 11:15 p m.

The principal cause of death and related causes of importance were as follows:

Acute ascending (Landry's) paralysis - etiology unknown — Date of onset: 1/10/36

Other contributory causes of importance:

Hemorrhagic cystitis, due to strep viridans?

Syphilis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John B Grossman M. D.

(Address) The Johns Hopkins Hosp. Bal.

H. D. B 1268-9

1980 HEALTH DEPARTMENT—CITY OF BALTIMORE 19800

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Ellwing St., 14-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie C Stevenson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2114 Ellwing St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter H. Stevenson.

DATE OF BIRTH (month, day, year) Jan 16 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Spotsylvania Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Spotsylvania Va.

15. MAIDEN NAME Mary Bailey

16. BIRTHPLACE (city or town) (State or country) Spotsylvania Va

17. INFORMANT Peter H. Thompson

(Address) 2114 Ellwing St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date Jan 20th 1936

19. UNDERTAKER Arnold L. Leidig

(Address) 2201 McCulloh St.

20. FILED JAN 20 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry, viewed the remains, and from the evidence obtained by said Inquest, Autopsy or Inquiry, and that said deceased came to death on the day stated above. 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Kaye Coroner, M. D.

(Address) 121 E Hamburg

19801 HEALTH DEPARTMENT—CITY OF BALTIMORE 19801

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Munson Circle 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florrie K Stewart

(a) Residence: No. 1141 Munson Circle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 16 1936

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

13. NAME William Stewart

14. BIRTHPLACE (city or town) (State or country) S. Carolina

15. MAIDEN NAME Marcia Russell

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT William Stewart
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 20, 1936

19. UNDERTAKER Geo. Enoch Evans
(Address) 1400-02 Pennsylvania Ave

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936 to Jan 18, 1936

I last saw her alive on Jan 18, 1936 Death is said to have occurred on the date stated above, at 8:P m.

The principal cause of death and related causes of importance were as follows:

Premature Birth — Date of onset

Other contributory causes of importance:

Congenital Debility — 1 Day

Was an operation performed? none Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Denial Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Campbell M. D.

1/19/36 (Address)

M. D. B. 1268-9

19802 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 19802

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 E Fayette St., 6-5 Ward) Registered No. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbur Lawrence

(a) Residence: No. 1513 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Lawrence

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Catti Bland

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Aileap Manley
(Address) 1513 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 1-21, 1936

19. UNDERTAKER Edward Bryan
(Address) 1603 Orleans St

FILED , 19
Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1936 to 1-19, 1936

I last saw her alive on 1-19, 1936 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Spinal Meningitis	1-18-1937

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George F. Allen M. D.
Coroner

(Address) 507 Augusta St

98030 9
308 30 9

F 19803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6-1 St., 121 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Calcagnan

(a) Residence: No. 404 N. Curley St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie CALCAGNA

6. DATE OF BIRTH (month, day, year) 6/18/80

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Samuel Calcagnan

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ~~Unknown~~ LIBORIA CALCAGNA

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan 21 1936

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Morley St.

20. FILED ..... 19 ..... Registrar.

JAN 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936 to Jan 18, 1936.

I last saw him alive on Jan 18, 1936 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis with Rupture and Peritonitis — Date of onset Jan 9/36

Other contributory causes of importance:

Pneumonia

Was an operation performed? Yes Date of Jan 14, 1936

For what disease or injury? Ruptured appendix

Name of operation appendectomy and Drainage Date of Jan 4, 1936

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Joseph A. Alexandria M. D.

(Address) John Hopkins Hospital

F 19804

H. D. B 1268-9

19804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Nathan Raab

(a) Residence: No. 1411 John St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1869 1936

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66 72		0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gattenmarkt

13. NAME Emanuel Raab

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rau-Gattenmarkt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sol. Schwartz

(Address) 3203 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Cem. Date Jan 20 1936

19. UNDERTAKER Sol Lurman Bros

(Address) 1127 E Balto St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 2 days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Possibly Mitral Insufficiency

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 14 1936

Where did injury occur? 1411 John St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Partially on the stairs & fell down

Nature of injury Illuminating gas & Asphyxiation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Kann, M. D. Coroner

(Address) 1216 Hanover

F 19805

3805 HEALTH DEPARTMENT—CITY OF BALTIMORE

53-E

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 7-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Mr. Harry Bates.
(a) Residence: No. 3113 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary E. Bates.

6. DATE OF BIRTH (month, day, year) Apr. 27, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME [illegible]
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Anna [illegible]
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary A. Bates
(Address) 3113 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan 22, 1936

19. UNDERTAKER John A. Mason
(Address) 2000 E. Balto St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1935 to Jan 18, 1936
I last saw him alive on Jan 15, 1936 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - rt. antrum -	
metastases to rt. arm, thigh & pelvis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] M. D.
(Address) Mercy Hospital

19806 E 19806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 S. East ave St., No-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aubrey G. Sloffer

If U. S. Veteran specify WAR

(a) Residence: No. 133 S. East ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle A. Sloffer

6. DATE OF BIRTH (month, day, year) Oct. 9, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co.

13. NAME Frederick Sloffer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Phillips

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT A. Sloffer

(Address) 133 S. East ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 22, 1936

19. UNDERTAKER John F. Moran

(Address) 3000 E. Balto St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934, 19 to January 18th, 1936.

I last saw him alive on January 18th, 1936. Death is said to have occurred on the date stated above, at 9 05 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 17, 36

Other contributory causes of importance:

Arteriosclerosis	2 yrs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? Personal observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Conrad Bode, M. D.

(Address) 1900 Maryland Ave.

1936

127

F 19807

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19807

CERTIFICATE OF DEATH

131

Registered No. D-2

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr John Mortimer Duval III
If U. S. Veteran specify WAR

(a) Residence: No. 100 W University Parkway St., Ward. City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs J. M. Duval

6. DATE OF BIRTH (month, day, and year) Sept 7, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

13. NAME Mrs. John M. Duval
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Louise Schoolfield
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Jan 7 2 1936

19. UNDERTAKER Henry W. Perkins & Sons
(Address) McCulloh & Richards

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1936, to 1-20 1936

I last saw him alive on 1-20 1936 Death is said to have occurred on the date stated above, at 2:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis c terminal uremia	9-35
Other contributory causes of importance: Anemia (Secondary)	11-35

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If yes, specify

(Signed) H. Leslie Fenney, M. D.

(Address) Union Mem. Hosp.

D. B 1268-9

19808 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 19808

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 24-1

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Burmeister, Sr.

(a) Residence: No. 1548 Latrobe Park Terrace. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

3. If married, WIFE of HUSBAND of Annie Burmeister.

DATE OF BIRTH (month, day, year) March 29, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist, 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Decorating Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Burmeister.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Annie Burmeister. (wife)

(Address) 1548 Latrobe Park Terrace.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan. 21, 1936

19. UNDERTAKER Margaret A. Flynn

(Address) 2107 N. Milton Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 12.05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? Hospital. Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Rothenstein Coroner, M. D.

1/20/36 (Address) 1017 E. Charles St.

M. D. B. 1268-9

F 19809

19809 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 4306 Miami Place.

CITY OF BALTIMORE: (No. ..... St., 28-K Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Caroline Pasteur Hutton

(a) Residence: No. Beaufort, N. C. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced (or) WIFE of Daniel Cogdell Hutton

6. DATE OF BIRTH (month, day, year): May 10-1871.

7. AGE: Years 64; Months 6; Days 10; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Beaufort N.C.

MOTHER FATHER

13. NAME Annie C. Davis
14. BIRTHPLACE (city or town) (State or country): Beaufort N.C.
15. MAIDEN NAME Nellie Pasteur
16. BIRTHPLACE (city or town) (State or country): Florida

17. INFORMANT Mrs. Caroline Pasteur Hutton
(Address) 4306 Miami Place.

18. BURIAL, CREMATION, OR REMOVAL Place Beaufort N.C. Date 1/22/36 19

19. UNDERTAKER Ruth Funeral Home
(Address) 135 Hoffman Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-29 1935 to Jan 20 1936.
I last saw h er alive on Jan 20 1936 Death is said to have occurred on the date stated above, at 11 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Chronic Myocarditis	1930
Acute Cardiac Failure	1/15/36
Other contributory causes of importance: Arteriosclerosis	1935

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. C. Guion, M. D.
(Address) 1500 Eutaw Place

#11606 ✓ F 19810

9810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital City St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sylvester Brooks

(a) Residence: No. 19 (u) Lafayette Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53		?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Johns City Date Jan 23 1936

19. UNDERTAKER Adolphus Hall Undertaking Co
(Address) 1200 Edmondson Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/8 1936 to 1/18 1936

I last saw him alive on 1/18 1936 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 Wks.
Arteriosclerosis	?
Other contributory causes of importance: Hypertensive Cardio-Vascular Disease	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 19811

19811 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 711 Newington Ave. St. 13-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Rose Lindsay Clogg

(a) Residence: No. 711 Newington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis L.Clogg

6. DATE OF BIRTH (month, day, year) Sept. 19.1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Hamilton G.Lindsay
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Susan A.Barnes
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lewis L.Clogg
(Address) 711 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jany22.1936

19. UNDERTAKER John O.Mitchell
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 19.1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936 to Jan 19 1936
I last saw h[illegible] alive on Jan 19, 1936 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease (Mitral insufficiency)	
Chronic Nephritis	
Cardiac Hypertrophy	

Other contributory causes of importance:
Bronchial Pneumonia

Was an operation performed? No Date of ✓
For what disease or injury? —
Name of operation — Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W T Lon M. D.
(Address) 2211 Eutaw Place

9812 ✓ F 19812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Aparts St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Dr. William W. Dunbracco

(a) Residence: No. Charles & 31st. St. Homewood Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Alford

6. DATE OF BIRTH (month, day, year) July 14.1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centreville Md.

MOTHER FATHER

13. NAME Wm. T. Dunbracco

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Julia V. Dunbracco

(Address) Homewood Aparts

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jany 21, 1936

19. UNDERTAKER Chas. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED JAN 21 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 19.1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 . 1936 to Jan 19, 1936 . 19 .....

I last saw h.. alive on Jan 14 . 1936 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic — Date of onset 13 y

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Geo. A. Mercer M. D.

(Address) 3301 N. Charles St.

✓ F 19813

9813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-2-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 N.Eutaw St. St., 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Naomi Taylor

(a) Residence: No. 1112 N.Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 11, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Taylor

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Isabella Frain

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Harry D. Wheatley

(Address) Wyman Park P2Aparts.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jany 20, 36 19

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED . 19 Registrar

RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14th, 1936 to Jan 17-, 1936.

I last saw her alive on Jan 17-, 1936 Death is said to have occurred on the date stated above, at 8.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy -	3 days
Other contributory causes of importance:	
Arteriosclerosis	7 yrs.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Isaac E. Dickson. M. D.

(Address) 3055 W. North Ave.

38035

✓ F 19814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 47-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida E. Ames Widow of Frederick H. S. Ames Ex-Veteran

(a) Residence: No. 1150 Lafayette St. St., ... Ward. Canton Col —

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick H. S. Ames

6. DATE OF BIRTH (month, day, year) 12/21/62

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME James R. Taylor

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Henrietta Haycoff

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records —

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln P.G. Date Jany. 22 1936

19. UNDERTAKER Chas. Ortenderfer Sons

(Address) 1700 Eastern Place

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1935 to Jan. 19, 1936

I last saw her alive on Jan 19, 1936 Death is said to have occurred on the date stated above, at 1 30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung (left) with mediastinal & generalized bony metastases.

Date of onset ?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hubert Eichert M. D.

(Address) Johns Hopkins Hosp

H. D. B 1268-9

F 19815

19815 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N. Chapel St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry J. Lessner

(a) Residence: No. 820 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maggie Lessner

7. DATE OF BIRTH (month, day, year) Sept. 2, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 40

10. Date deceased last worked at this occupation (month and year) About 5 Yrs. Ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Joseph Vlack

(Address) 820 N. Chapel St. (Niece)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Jan. 21, 1936

19. UNDERTAKER John F. Henry

(Address) 715 Light St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cardiac Failure	

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Rhenter, M. D. Coroner

(Address) 1919 E. North Ave.

19816 F 19816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rudolph, B. Girl

(a) Residence: No. 229 S. Fulton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 27-1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23 days		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robert Rudolph

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Evelyn Baumgartner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Jan 20 1936

19. UNDERTAKER John C. Miller
(Address) 2735 E. Oliver St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-27-35 . 19... to 1-19-36 . 19...

I last saw her alive on 1-19 . 1936. Death is said to have occurred on the date stated above, at 4.05 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity - — Date of onset: ...

Other contributory causes of importance:

Bronchial Pneumonia — Date of onset: 1-14-36

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jacqueline Sterling M. D.

(Address) Balto City Hospital

19817 ✓ F 19817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5023 Wethersville Road St. 28-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Rowzee

If U. S. Veteran specify WAR .....

(a) Residence: No. 5023 Wethersville Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie H. Rowzee

6. DATE OF BIRTH (month, day, year) March 30, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year) Sept. 1934

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER FATHER

13. NAME Newton Rowzee

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Charles E. Rowzee

(Address) 2525 Lauretta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Jan 21st, 1936

19. UNDERTAKER Joseph Cook

(Address) 1003 W. Baltimore St.

20. FILED ....., 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1933, to January 18, 1936

I last saw him alive on January 17, 1936 Death is said to have occurred on the date stated above, at 5.25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Jan '135
Other contributory causes of importance:	
Arteriosclerosis	1934
Hypertensive Cardio Vascular Renal	1934

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Grant L. Mortimer Jr. M. D.

(Address) 2801 St. Paul St.

1936

H-F

9818 ✓ F 19818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 S. Bayly St., (Res. Ward) 26-9

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adelaide M. Schmith

(a) Residence: No. 709 S Bayly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Schmith

6. DATE OF BIRTH (month, day, year): Nov 28-1856

7. AGE — Years: 79 | Months: 1 | Days: 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER

13. NAME: John Schaefer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Adelaide Renz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): adelaide Schmith 709 S. Bayly

18. BURIAL, CREMATION, OR REMOVAL — Place: Bayview Date: Jan 22 36

19. UNDERTAKER (Address): Tilly & Zeibolz 603 S Broadway

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JAN 19 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 2 . 19 35 to Jan 19 . 19 36

I last saw her alive on Jan 15 . 19 36 Death is said to have occurred on the date stated above, at 1 and 5 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7 yrs
Other contributory causes of importance: Pulmonary Edema	1 day

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Hook M. D.

(Address) 413 N Fremont

Spec. 2-20-36 1m U. S.—500 Bks.

19819

F 19819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Fairfield 3330 Fairfield Road ST., 25-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rachel A Green

(a) RESIDENCE NO. 3330 Fairfield Rd ST., WARD Fairfield

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1863

AGE	73 Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1863	Unknown		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Charles County Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Florence Turner

(Address) 3330 Fairfield Rd

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14, 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Jan 14 1936 19

that I last saw her alive on Jan 13 1936

and that death occurred, on the date stated above, at 4 30 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) George McDonald, M. D.

, 19 (Address) 844 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL Jan 21 19 36

20 UNDERTAKER James Sadtler

ADDRESS W Fayette St

M. D. B. 1268-9

F 10820

HEALTH DEPARTMENT—CITY OF BALTIMORE

9820

CERTIFICATE OF DEATH

Registered No. X 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick McGloom

(a) Residence: No. Hagerstown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Patrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Welch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mercy Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 1/20 36

19. UNDERTAKER J. J. Foley Sons

(Address) 1318 Light St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and (saw the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Bronchopneumonia	
Uremia	
Gangrene of Toes of Both Feet	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/12/36

For what disease or injury? Hypertr. Prostate

Name of operation Prostatectomy Date of 1/12/36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) Chas B Wallace M. D. Coroner

(Address) 1031 St Paul St

F 19821

19821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Curley St. St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 22 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME HARRY CREAMER

(a) Residence: No. 115 N. Curley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Creamer

6. DATE OF BIRTH (month, day, year) June 18, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron foundry

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Kaspar Creamer

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary Pabst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret A. Creamer
(Address) 115 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan 21 19 36

19. UNDERTAKER [illegible]
(Address) 2942 E. Fayette St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1936 to January 18, 1936

I last saw him alive on January 18, 1936. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	1/16/36
Bronchial Pneumonia	1/12/36
Other contributory causes of importance:	
Arterio-Sclerosis	Unknown
Chronic Myocarditis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philibert Antognoni M. D.

(Address) 2942 East Fayette Street

AACo. 5-11 250M

Anna Gabriel ✓ F 19822

19822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 15-G Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Gabriel

(a) Residence: No. 4028 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56?	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Librarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John F. Gabriel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ida H. Kelba

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gladys Volkman

(Address) 7332 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 21, 1936

19. UNDERTAKER John Ellicott

(Address) 200 E. Lexington St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1935 to Jan. 18, 1936

I last saw her alive on Jan. 18, 1936 death is said to have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendiceal abscess	12/25
Peritonitis	
Lung abscess	
Lobar pneumonia	1/10/36

Other contributory causes of importance:

Name of operation Incision & drainage of Appendiceal abscess Date of 12-28-35

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Irvin Moore M. D.

(Address) Franklin Square Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

19823 ✓ E 19823

CERTIFICATE OF DEATH

X 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-N Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Green

If U. S. Veteran specify WAR .....

(a) Residence: No. Skidmore, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank Green

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Maggie (Unknown)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank Green

(Address) Skidmore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan 22 1936

19. UNDERTAKER J B Johnson

(Address) Annapolis

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936, to Jan 19, 1936

I last saw him alive on Jan 19, 1936 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	7/35

Other contributory causes of importance:

Bronchopneumonia complicating

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Walter Henry Gerwig Jr. M. D.

(Address) University Hospital

M. D. P. 1769-9

19824

F 19824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Raymar Ave., 46-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene M. Westermeyer

(a) Residence: No. 4204 Raymar Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. H.

6. DATE OF BIRTH (month, day, year): March 30-1887

7. AGE: Years 48; Months 9; Days 15; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: at Home 4037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Frank Kiefner

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Morris Regner

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Geo H. Westermeyer

(Address) 4204 Raymar Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: Jan 21st 1936

19. UNDERTAKER: Geo. M. Fritz & Son

(Address) 611 N. Wolfe St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1935 to Jan 18 1936

I last saw h[illegible] alive on Jan 17 1936 Death is said to have occurred on the date stated above, at 10:20 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Lung (Right) — Date of onset

Other contributory causes of importance:

Myocarditis

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) George E. Shannon M. D.

(Address) 700 N. Fulton Ave.

9825 ✓ F 19825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Convent of Notre Dame St. 10-2 Ward)
CITY OF BALTIMORE: (No. 901 Aisquith
Length of residence in city or town where death occurred 1 yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR .....

2. FULL NAME Sr. M. Alain Neary

(a) Residence: No. Convent of Notre Dame St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 3, 79

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany N.Y.

FATHER

13. NAME John Neary
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Murtaugh
16. BIRTHPLACE (city or town) (State or country) Albany N.Y.

17. INFORMANT Sr. M. Stan. Kostka
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Jan, 20th 1936

19. UNDERTAKER Geo. M. Fink & Son.
(Address) 211. N. Wolfe St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1934 to Jan. 18, 1936.
I last saw Sr alive on Jan. 7, 1936. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis	
Acute dilatation	
Heart.	

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? ✓
Name of operation ..... Date of .....
What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) F. J. Kirby M. D.
(Address) 110 E. Fort Ave

M. D. B. 1268-9

F 19826

19826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 N Charles St. 12-2 Ward)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Mareen Duvall

(a) Residence: No. 2905 N Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs R. M. Duvall

7. DATE OF BIRTH (month, day, year) Nov 1st 1856

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	19	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Firm

10. Date deceased last worked at this occupation (month and year) Jan 10-36

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

FATHER

13. NAME Richard Isic Duvall

14. BIRTHPLACE (city or town) (State or country) Anna Rundel Co Md

MOTHER

15. MAIDEN NAME Rachel M. Wering

16. BIRTHPLACE (city or town) (State or country) Anna Rundel Co Md

17. INFORMANT Mrs R. M. Duvall

(Address) 2905 N Charles St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Olivet Cemetery Date Jan 22, 1936

Frederick Rd

19. UNDERTAKER Etchison & Son

(Address) 314 N Market St

20. FILED 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1933 to Jan. 19, 1936

I last saw him alive on Jan 8, 1936 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/19/36
Myocarditis	some years
Arteriosclerosis	some years

Other contributory causes of importance:

Diabetes Mellitus	
Adenoma	10 yrs

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Theodore H. Monson M. D.

(Address) 1013 N. Charles St

9827 ✓ D 19827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 Leo-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp St., 21-2 Ward)
Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ____ yrs. 1 mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.
If U. S. Veteran specify WAR ____

2. FULL NAME Stanley Richenbottom

(a) Residence: No. 142 Ward St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 17/1935

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Charles Richenbottom
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Martha Houston
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 20, 1936

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar

2041

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/31, 1935, to 1/19, 1936.
I last saw h/m alive on 1/19, 1936. Death is said to have occurred on the date stated above, at 4-42 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant	1935
Bronchopneumonia	1/10/36
Other contributory causes: Atelectasis Hemorrhage	1/31

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19 ____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter Henry Genzis Jr. M. D.
(Address) University Hospital

F 19828

19828 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Randolph Tonney

(a) Residence: No. Great Mills, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Church Date Jan 20 1936

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19... Registrar.

2033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1935 to Jan 18 1936

I last saw him alive on Jan 18 1936 Death is said to have occurred on the date stated above, at 8 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of ✓

For what disease or injury? .....

Name of operation ✓ Date of ✓

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

8644 F 19829

19829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 14-7 Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Morgan

(a) Residence: No. 1728 Druid Hill Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia Morgan

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Ins Co

10. Date deceased last worked at this occupation (month and year) 1/36

11. Total time (years) spent in this occupation 60 Yr

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Edward Morgan

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Manning

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond, Va Date Jan 20th, 1936

19. UNDERTAKER Archibald A. Gaddes
(Address) 210 N. Eutaw St.

20. FILED ..... 19 ..... Registrar

1888

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/3, 1936 to 1/18, 1936

I last saw him alive on 1/18 1936 Death is said to have occurred on the date stated above, at 6:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	3 hr.
Hypertensive Cardiovascular disease	4 yr.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reyer M. D.

(Address) Balto City Hosp.

✓ F 19830

9830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles H. Norris

(a) Residence: No. 1316 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Lee Norris

6. DATE OF BIRTH (month, day, year) Nov. 17, 1858

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
77	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George W. Norris

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Oliver M. Machen
(Address) 2145 Wilkins ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 22 1936

19. UNDERTAKER Frederick R. Pole
(Address) 1700 W. Lombard St

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1936, to Jan 19, 1936

I last saw him alive on Jan 19, 1936 Death is said to have occurred on the date stated above, at 3 40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/9/36
Other contributory causes of importance: Myocardial Failure	1/9/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Everett Wood M. D.

(Address) Md. Gen. Hosp

19831 F #19831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44D

Registered No. 498

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Berta

(a) Residence: No. 2316 Aiken St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Regina Berta.

6. DATE OF BIRTH (month, day, year) Nov 21, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 1-4-36

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Berta

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Rowland

16. BIRTHPLACE (city or town) (State or country) Baltimore.

17. INFORMANT Wife Mrs. Regina Berta.
(Address) 2319 Eutaw St. Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL Parkton Cemetery Date 1/24/36

19. UNDERTAKER Geo H. Lemmert
(Address) 1-28 N Eutaw St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18- 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-11- 1936 to 1-18- 1936

I last saw him alive on 1-16- 1936 Death is said to have occurred on the date stated above, at 9.45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-9-36
Tuberculosis	1-4-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lawrence B. Mills M. D.

(Address) Mercy Hospital.

M. D. B. 1268-9

✓ F 19872

19872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 616 Springfield Ave Ward 27-10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna C. Hipsley

(a) Residence: No. 616 Springfield Ave Ward. Specify Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

W U. S. Veteran

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, ~~Widowed~~, Divorced (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ (or) WIFE of: William R. Hipsley

6. DATE OF BIRTH (month, day, year): Jan 11th 1846

7. AGE: Years: 90 Months: 0 Days: 6 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md

FATHER

13. NAME: Chas. H. Crouhardt

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Henrietta Schwartz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Marion Cookeis 616 Springfield Ave

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Date Jan 21st 1936

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St.

20. FILED [illegible] 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1936 to Jan 19 1936

I last saw her alive on Jan 18 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	5 day
Dilated Heart	ago
Other contributory causes of importance:	(over)

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, state (Signed) H H Pearce M. D.

(Address) 2105 Charles St

9833 F 19833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St., [illegible] Ward)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Walter Hartzell

(a) Residence: No. 4737 Park Hts Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~ ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 28th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hochschild Kohn Co

10. Date deceased last worked at this occupation (month and year) Aug 28 1920

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James L. Hartzell

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Fannie McAbee

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Mrs Maud Stone
(Address) 4737 Park Hgts Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 22nd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 E. Pratt St

20. FILED [illegible] 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18-36. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1936 to Jan 19, 1936. I last saw h alive on Jan 16, 1936. Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 1/18/36
Uremia

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Abrams M. D.
(Address) West Balto Gen'l Hosp

F 19834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19834

181

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 7-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Geraldine Adams — No War Record

(a) Residence: No. 2504 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 1st 1925

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Michael J. Adams
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Anatta Pfaff
16. BIRTHPLACE (city or town) (State or country) Balto Md.
17. INFORMANT (Address) Michael J. Adams 2504 E. Eager St
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan 2nd 1936
19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St
20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18th, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h alive on ..., 19... Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree burns 7 face neck & arms.	1/7/36

Other contributory causes of importance:

Bronchopneumonia

Name of operation ... Date of ...
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 1/7, 1936
Where did injury occur? 2504 E. Eager St. Balto, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Hot water poured on her
Nature of injury Second degree burns of face, neck & arms

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner
(Address) 1918 E. North Ave

F 19835

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19835

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Catax St., 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Oscar L. Martin

(a) Residence: No. Elkridge, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenora Martin

6. DATE OF BIRTH (month, day, year) Sept 27-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer 40 Yr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clean yard

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Carlyle Lantz

(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cherry Hill Date Jan 21st 1936

19. UNDERTAKER Wm J. Segner & Bro

(Address) Balto

20. FILED ..... 193 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1936 to Jan. 19 1936

I last saw him alive on Jan. 19 1936 Death is said to have occurred on the date stated above, at 12 ~~p~~ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cerebral Hemorrhage~~ Hypertensive-Heart Disease & Cerebral Hemorrhage	

Other contributory causes of importance:

Generalized-Arteriosclerosis.

Was an operation performed? no Date of ✓

For what disease or injury? none

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Robert F. Healy M. D.

(Address) St. Agnes' Hospital

F 19836

F 19836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 124

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Balto Hos St., 9-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilbur Compton

(a) Residence: No. 902 E 41st St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Sept 16, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Steam Fitter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Balto

FATHER

13. NAME — Elmer E Compton
14. BIRTHPLACE (city or town) (State or country) — Balto

MOTHER

15. MAIDEN NAME — Lulu Pruett
16. BIRTHPLACE (city or town) (State or country) — Balto

17. INFORMANT (Address) — Elmer E Compton Same

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cmty Date Jan 21, 1936

19. UNDERTAKER (Address) — John F. Morgan 3000 E. Balto St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/17/35 to 1/18, 1936
I last saw him alive on 1/18, 1936 Death is said to have occurred on the date stated above, at 10:29 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculor Meningitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/5/36
For what disease? Ventriculography
Name of operation Trephine & Spinal Fluid Exam Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M Alonso M. D.
(Address) 20 Balto City Hosp.

19837 F 19837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 51-F

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 17-18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 3 mos. 1 da. How long in U. S. If of foreign birth? 7 yrs. 6 mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter Mortensen

(a) Residence: No. 2510 Richmond St., Phila. Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 14, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. deckhand do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) Oct. 17, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sennevilla Denmark

FATHER

13. NAME Mauritz Mortensen

14. BIRTHPLACE (city or town) (State or country) Sennevilla Denmark

MOTHER

15. MAIDEN NAME Christina Nilsen

16. BIRTHPLACE (city or town) (State or country) Sennevilla Denmark

17. INFORMANT Record, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Mt. Wms. Hampden Date 1-21-36

19. UNDERTAKER Wendell E. Humphreys
(Address) 15-01 N. Broadway

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Januury 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1935 to January 17, 1936

I last saw him alive on January 17, 1936. Death is said to have occurred on the date stated above, at 8:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis, acute, gangrenous with perforation of bladder	1 mo.
Other contributory causes of importance: Peritonitis, acute, suppurative	3 wks.

Was an operation performed? Amputation of penis Date of 10-30-35

For what disease or injury? Epithelioma, prickel cell Grade III, penis

Name of operation Amputation of penis Date of 10-30

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If a woman, for how long?

(Signed) ..... M. D.

(Address) U.S. Marine Hospital, Balto. Md.

19838 F 19838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N 23

Registered No.....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. h-5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR none

2. FULL NAME Washington Bean

(a) Residence: No. 1518 Jefferson St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Boone Bean

6. DATE OF BIRTH (month, day, year) July 31, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 8-31-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland

FATHER

13. NAME Edward Bean

14. BIRTHPLACE (city or town) (State or country) Sunny Bank Va.

MOTHER

15. MAIDEN NAME Lavonia Bell

16. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem. Date Jan. 22nd '36

19. UNDERTAKER Bayard M. Jamieson & Wright (Address) 2180 McElderry St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1935, to January 18, 1936.

I last saw him alive on January 18, 1936. Death is said to have occurred on the date stated above, at 12:51 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advances	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature], M. D.

(Address) U.S. Marine Hospital, Balto.

F 19839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Hoffman St., 17th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaretta Hanaly

(a) Residence: No. 603 Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 13, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Nathan Jenkins

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Susan Thompson

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Mary Clark daughter

(Address) 603 Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1/24, 1936

19. UNDERTAKER Frances A Hemsley

(Address) 2700 Eutaw St.

20. FILED ....., 19.. Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. found dead

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Other contributory causes of importance:	

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A Hayek Coroner, M. D.

(Address) 2 E Randall

19840 Hughes

F 19840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Mercy Hospital St. 17th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Wright Hughes Sr.

(a) Residence: No. 112 W. Hussey St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Julia Wright

6. DATE OF BIRTH (month, day, year) Jan 8th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Market

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Wright.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jannie Brown

16. BIRTHPLACE (city or town) (State or country) (?)

17. INFORMANT Self.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Pl. Mt Calvary Ct Date 1/21/36

19. UNDERTAKER Isaac L Brown & Son
(Address) 101 W Monument St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th. 1936 to Jan. 19th. 1936

I last saw h alive on Jan. 19th. 1936 Death is said to have occurred on the date stated above, at 11.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. F. Kane M. D.

(Address) Mercy Hosp

19841 F 19841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital St. 15-17 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Lee Dyson.

If U. S. Veteran specify WAR

(a) Residence: No. 2911 Keyworth Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, BUSBAND of (or) ~~WIFE~~ of Ethel Dyson

6. DATE OF BIRTH (month, day, year) July 2, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed - 3 yrs (Sand CWA. Work)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Dyson.

14. BIRTHPLACE (city or town) (State or country) Baltimore md.

MOTHER

15. MAIDEN NAME Levina Chaney.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet. Date Jan. 22 1936

19. UNDERTAKER J. Lee. McCully
(Address) 1305 Fort Ave

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 . 1936 to Jan 20 . 1936

I last saw him alive on Jan 20 . 1936 Death is said to have occurred on the date stated above, at 12:40 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis & Emphysema	Childhood

Other contributory causes of importance: Pulmonary sclerosis - Cardiac hypertrophy & dilatation Gen. Arteriosclerosis, Bronchopneumonia - Tuberculosis pleurisy & fibrinous pericarditis & effusion Date of onset Chronic Cholecystitis & Cholelithiasis 2 Days

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Federic Knowles Jr M. D.
(Address) Mercy Hospital

19842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19842

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4307 Norwood Rd St., 27-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 61 yrs. 3 mos. 26 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Carrie Virginia Dare

(a) Residence: No. 4307 Norwood Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, year): Sept 27 1874

7. AGE: Years 61 | Months 3 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk Dept of Justice Asylum Dr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): About Dec 1935

11. Total time (years) spent in this occupation: 1½ yrs.

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Maryland.

FATHER

13. NAME: Richard L Dare

14. BIRTHPLACE (city or town) (State or country): Calvert Co. Maryland.

MOTHER

15. MAIDEN NAME: Carrie V. Shemwell

16. BIRTHPLACE (city or town) (State or country): St Marys Co. Maryland.

17. INFORMANT: Miss Priscilla Dare (sister)

(Address) 4307 Underwood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Cem. Date: Jan 22 19 36

19. UNDERTAKER: Stewart & Mowbray Co.

(Address) 108 W Monument.

20. FILED 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1931 to Jan 20 19 36

I last saw h[illegible] alive on Jan 14 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Dec 1935

Other contributory causes of importance: Cerebral Sclerosis — Dec 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bryan M Devilbiss M. D.

(Address) 4307 Maryland Ave

M. D. B 1268-9

E 19813

19813 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eva Lee Conway

(a) Residence: No. 151 E. Randall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Wilbur Conway

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Martha Virginia Seymour

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Wm. Edgar Conway Jr. Mother

(Address) 151 E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Date Jan 21 1936

19. UNDERTAKER A. Donald Evans

(Address) 1400 N. Charles St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. 9.10 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Sinusitis and Meningitis,

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Farr M. D. Coroner

(Address) 215 Holliday

M. D. B 1268-9

F 19844 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19844

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bd. General Hospital St. 24 Ward) 4

Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary Smith

(a) Residence: No. 126 E. Randall St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Belt

6. DATE OF BIRTH (month, day, year) May 21 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Elliott

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Matilda Elliott

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Florence E. Morton (Address) W. E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Jan 22 1936

19. UNDERTAKER Geo. Howard Evans (Address) 1 E Lanvale St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of neck of right femur	

Other contributory causes of importance: Varicose Ulcers

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 17 1936

Where did injury occur? Baltimore City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell down steps

Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D. Coroner

(Address) 215 Hanover

M. D. B. 1268-9

F-19845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F-19845

188

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13-8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Ezekiel Ellis

If U. S. Veteran specify WAR _____

(a) Residence: No. 1249 Dellwood Ave. St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John H. Ellis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cora A. Lewis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT John H. Ellis

(Address) 1248 Dellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Hampton Date Jan 21, 1936

19. UNDERTAKER Chenoweth & Son

(Address) 3615 -3617 Chestnut Ave.

20. FILED 21 _____, 19___ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1936

22. I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Enteractomy Yes Date of Jan 10, 1936

For what disease or injury? Injury Trauma Kick by Mule

Name of operation Enteractomy Date Jan 10

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan. 10.

Where did injury occur? Carroll Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Farm. Kicked in Mule

Manner of injury Kicked by Mule

Nature of injury Rupture Small Intestine

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Kicked by Mule

(Signed) R. K. Odell M. D.

(Address) 3757 W. North Ave.

F 19846

19846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hospital (St.) 13-S (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret C. Lippy

(a) Residence: No. 3145 Tildale Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 27, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4.	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lester R. Lippy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret C. Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lester R. Lippy

(Address) 3145 Tildale Drive

18. BURIAL, CREMATION, OR REMOVAL Meadow Branch Cemetery Jan 23 1936

19. UNDERTAKER Chenoweth Bros.

(Address) 3615-17 Chestnut Ave.

20. FILED 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10-35, 19..., to 1-20-36, 19... I last saw her alive on 1-20-36, 19... Death is said to have occurred on the date stated above, at 4.05 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma toxis — Date of onset 4-1935
Mixed Tumor of Parotid gland

Other contributory causes of importance:

Myocardial failure
Cachexia

Was an operation performed? yes Date of 4-28-35

For what disease or injury? Tumor of Parotid Gland

Name of operation Excision of tumor Date of 4-28-35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Stebbins M. D.

(Address) Md. Gen. Hosp.

M. D. B. 1268-9

F 19847

19847 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 W 41st St. 8-1 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie A. Magnese

(a) Residence: No. 3204 Ebmley Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Edward E. Magnese

6. DATE OF BIRTH (month, day, year): May 26 1855

7. AGE: Years 80 | Months 8 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Elizabeth Latzgun

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Mary Kramer

(Address) 3204 Ebmley Ave

18. BURIAL, CREMATION, OR REMOVAL: London Park Date Jan 2. 1936

19. UNDERTAKER: Chenoweth Sons

(Address) 3615-17 Chelsea Ave

20. FILED JAN 3 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h.. alive on January, 19..... Death is said to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	?

Other contributory causes of importance:

Arterio sclerosis	?

Name of operation: Unused Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. H. Richardson M. D.
Coroner

(Address) Baltimore

F 19848 Byron F 19848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 129

CITY OF BALTIMORE: (No. ..... St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna M. Byron If U. S. Veteran specify WAR .....

(a) Residence: No. 1802 Riggs Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Edgar Byron

6. DATE OF BIRTH (month, day, year) 12/21/84

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 49	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6031

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Tyler Truitt

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Emma Johnson

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Relative -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 22, 1936

19. UNDERTAKER Wm. J. Beckenstein
(Address) North & Pulaski

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16. 1936 to Jan 19. 1936
that I saw her alive on Jan 19. 1936 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute peritonitis, cause undetermined	Jan 1936

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Joseph F. Sadusk, Jr. M. D.
(Address) Johns Hopkins Hospital

F 19849

F 19849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Catherine Brehm

(a) Residence: No. 2102 Elsinore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Brehm

6. DATE OF BIRTH (month, day, year): April 15 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 80 yrs.	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: ? Lafferty

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: ? Murray

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Jenkins Memorial 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 22 1936

19. UNDERTAKER (Address): Wm J. Dugan & Sons Preston & Fremont Aves

20. FILED . . 19 . . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 20 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to January 20 1936

I last saw her alive on January 19 1936 Death is said to have occurred on the date stated above, at 3:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular renal disease	about 5 yrs ago
Rt. Cerebral hemorrhage	

Other contributory causes of importance:

Generalized arteriosclerosis	
& cerebral arteriosclerosis	?
senility	

Name of operation: Date of

What test confirmed diagnosis? Surgical path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas D. Marsh M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

F 19850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Hannie E. Harwood

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of George A. Harwood

6. DATE OF BIRTH (month, day, year) Feb 27 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME Richard Roberts

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER

15. MAIDEN NAME Sarah Catterton Longfield

16. BIRTHPLACE (city or town) (State or country) Prince George Co. Md

17. INFORMANT Emily Blanchfield

(Address) 700 W 40th St Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Jan 27 1936

19. UNDERTAKER [illegible]

(Address)

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15 1931 to May 20 1936.

I last saw deceased alive on May 20 1936. Death is said to have occurred on the date stated above, at 12 - m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Chronic Myocarditis	1930

Other contributory causes of importance:

Acute Pyelitis	May 1936

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W B Magruder M. D.

(Address) Medical Asst Phy

19851 ✓ F 19851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1135 N. Milton Ave St., 8-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward J. Hessler

(a) Residence: No. 1135 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora A. Hessler nee Finck

6. DATE OF BIRTH (month, day, year) Nov. 26/73

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman — Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. B. A. 607

10. Date deceased last worked at this occupation (month and year) 12/35

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Maxville Tenn.

FATHER

13. NAME Edward J. Hessler

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs Dora A. Finck
(Address) 1135 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date Jan 22. 1936

19. UNDERTAKER Edmyer W. Conklin
(Address) 242 E. Eager St

20. FILED 19 Registrar.
Sept.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19th, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 3. 1935. to January 19. 1936.
I last saw him alive on January 19. 1936. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1-1-36
Acute Myocarditis	1-1-36

Other contributory causes of importance:

Influenza	12-3-35
Bronchopneumonia	12-3-35

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Albert E. Singewald M. D.
(Address) 1613 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Sadie Neumann

(a) Residence: No. ? 2127 E. Oliver St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John (dec'd)

6. DATE OF BIRTH (month, day, year) 8[illegible] 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Rock

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Wallace

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Date Jan 22 1936

19. UNDERTAKER Geo M. Zintz & Son
(Address) 811 N. Eutaw St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/30 1935 to 1/20 1936

I last saw her alive on 1/20 1936 Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, state fully ...

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

Spec.—8-16-29—L. F. S.—100 Bks.

F 19853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19853

137

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Dallas ST. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Lauka

(a) RESIDENCE NO. 520 S. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced (or) WIFE of Elinor Lauka

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Jacob Lauka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Rebecca Landzior

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Eleanor Lauka

(Address) 520 S. Dallas St

15 Filed JAN 21 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18-1936

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1936, to Jan. 18, 1936,

that I last saw h— alive on Jan. 18, 1936

and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Arteriosclerosis

Bronchial Asthma

Enlarged Prostate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Tomaszewski, M. D.

1/21, 1936 (Address) 2579 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 1/22 1936

20 UNDERTAKER Wm Fiszpansky

ADDRESS 1041 Eastern

AaCo. 5-31 250B

F 19854

HEALTH DEPARTMENT—CITY OF BALTIMORE

19854

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 E Madison St., 7-3 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Mary Clug

(a) Residence: No. 2112 E Madison St., Ward 30 yrs
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Benjamin Clug

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: About 65 yrs old | Months: | Days: | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pikesville Md.

FATHER

13. NAME: William Wagner

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mary C Grogan (Address) 2112 E Madison

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Jan 22 36

19. UNDERTAKER: Joe J Stenstrom (Address) 1520 Portsmouth Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1936 to Jan 19, 1936

I last saw h[illegible] alive on Jan. 19 1936 death is said to have occurred on the date stated above, at 4:00 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/13/36

Other contributory causes of importance:

viral

Name of operation viral Date of ...

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

F 19855 ✓ F 19855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 Dolphin St. 11-4 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Anne Kraft

(a) Residence: No. 313 Dolphin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widow

5a. If ~~married~~, widowed, or ~~divorced~~ ~~(or) HUSBAND~~ of (or) WIFE of Herschel Kraft

6. DATE OF BIRTH (month, day, year) Feb. 12-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse (R.N.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Practical Nursing

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Casey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Cain

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Violet Kraft

(Address) 1202 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 23 1936

19. UNDERTAKER Mr. & Mrs. John W. Riegel & Son

(Address) 501 W. Fayette St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1935 to Jan. 20 1936

I last saw her alive on Jan 19 1936 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/14/36
Chr Myocarditis	1933
Other contributory causes of importance: Chr Interstitial nephritis	1935

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Peter Brown M. D.

(Address) 1663 W. North Ave

19856 F 19856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 W. Cross St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Blank

(a) Residence: No. 610 W. Cross St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elenora Blank

6. DATE OF BIRTH (month, day, year) Dec. 20. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	0	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept Balto City

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Cora Druck

(Address) 610 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ant. Olivet Date Jan 22. 1936

19. UNDERTAKER Dorsey Bros. 801 W. Fayette St.

(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936 to Jan. 19. 1936

I last saw him alive on Jan 19. 1936 Death is said to have occurred on the date stated above, at 2.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	5 days
Bronchitis	1 month
Other contributory causes of importance: Hypostatic congestion	1 month

Was an operation performed? ..... Date of .....

For what disease or injury? ✓

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Hates M. D.

(Address) 523 Scott St.

M. D. B 1268-9

9857

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 1 19857

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N. Mulberry St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 20 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR WWI.

2. FULL NAME Quong Tong Chin

(a) Residence: No. 210 N. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) About 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 50	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) About 1933

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Canton China

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Willie Chin - (Cousin)
(Address) 312 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy Date Jan 23 1936

19. UNDERTAKER Lewis M Moon Company
(Address) 1231 N Gay St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1936

22. I HEREBY CERTIFY, That I last attended the deceased from Jan 21 1936 to Jan 21 1936 that I last saw ... alive on ... and that death occurred, to the best of my knowledge and belief, at the hour stated above. The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Chem. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Laundry

(Signed) [illegible] Coroner M. D.

(Address) 2737 E. Monument

✓ F 19858

19858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Davenport, Baby Boy

(a) Residence: No. 1630 N. Gilmor St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-18-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22-Hours			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Alfred

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Hilda Reedy

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med School Date Jan 21 . 1936

19. UNDERTAKER Otto R. Eschert Sons.
(Address)
PER WM E WOODALL

20. FILED ..... . 19 ..... Registrar

2045

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 19 . 1936

22. I HEREBY CERTIFY. That I attended deceased from JAN 18 . 1936 to JAN 19 . 1936

I last saw him alive on JAN 19 1936 Death is said to have occurred on the date stated above, at 2 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Josephine Sterling M. D.

(Address) Balto. City Hospital

11107 F 19859

19859

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Harris

(a) Residence: No. 515 Jasper St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 4-15-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd'ml

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla.

FATHER

13. NAME Nath

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. Med School Date Jan 21, 1936

19. UNDERTAKER J. Geo. H. Schuetz, Wells
(Address) [illegible]

20. FILED ..... 19 ..... Registrar

1936

2043

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1935 to 1/17, 1936

I last saw him alive on 1/17, 1936 Death is said to have occurred on the date stated above, at 7 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
(a) Bronchopneumonia	3 days
Hypertensive Cardio-vascular disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

F 19860 6 20

19860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 11Yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Ross

(a) Residence: No. 1126 E. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-10-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Ross

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mamie Boston

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U of Med School Date Jan 21 1936

19. UNDERTAKER

(Address)

FILED 19 Registrar

2044

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from 1/12 1936 to 1/14 1936.

I last saw him alive on 1/14 1936 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 13 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A. Reite M. D.

(Address) Balto City Hosp.

F 19861 F 19861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1725-Lamont ~~Street~~ Ave St., 9-4 Ward)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME THOMAS J. FLAHERTY

(a) Residence: No. 1725-Lamont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) 9/21/1930

7. AGE Years	Months	Days	If LESS than 1 day or ~~min.~~
5	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Flaherty

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret (Klarman)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Thomas Flaherty
(Address) 1725-Lamont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/22/36 19

19. UNDERTAKER George O. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10-36 to 1-19-36

I last saw him alive on 1-19-36 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Pneumonia	1-10-36
Acute Cardiac Dilatation	1-19-36
Other contributory causes (importance)	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

(Address) .....

1-20-36

M. D. B. 1268-9

19862 HEALTH DEPARTMENT—CITY OF BALTIMORE E 19862

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 9-8 Ward)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME THOMAS M. MINER

(a) Residence: No. 2310-Robb Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theresa M. (Mavers)

6. DATE OF BIRTH (month, day, year) 3/21/1890

7. AGE Years	Months	Days	If LESS than 1 day, number of hours or min.
45	9	29 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Checker Transportation 8
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship loading
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
13. NAME John A. Miner
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
15. MAIDEN NAME Bridget A. Bannahan
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Theresa M. Miner
(Address) 2310-Robb Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/22/36 19
19. UNDERTAKER George J. Ruth Inc. George J. Ruth Inc.
(Address) 1135-Harford Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Fracture	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/17 1936
Where did injury occur? Auto. Md (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Tavern at 11 S. Gay St.
Manner of injury Fell down steps
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Chas. B. Wallace M. D.
(Address) 1031 St Paul St. Coroner

M. D. P. 1268-9

9863 HEALTH DEPARTMENT—CITY OF BALTIMORE. ✓ F 19863

CERTIFICATE OF DEATH

95-P

1. PLACE OF DEATH Bon Secours Hosp. Registered No.

CITY OF BALTIMORE: (No. Balto Pratt St. 50-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert A. Hubbard

(a) Residence: No. 1927 W Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

8a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 12-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Clerk)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 0 9

12. BIRTHPLACE (City or town) (State or country) Balto Md.

FATHER

13. NAME Geo W. Hubbard

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary J. Mullen

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Geo W. Hubbard (Address) 5136 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Lakemont Cem. Date Jan. 24. 36

19. UNDERTAKER Chas. F. Wolf & Son (Address) 111 W. Mt. Royal Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-17 , 1936 to 1-20 , 1936

I last saw h[illegible] alive on 1-20 , 1936 Death is said to have occurred on the date stated above, at 8 15 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	1930
Other contributory causes of importance:	
Hypertensive Heart disease	1935
Auricular fibrillation	1-11-36
Cerebral Hemorrhage	1-[illegible]-36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Simon A Kemp, M. D.

(Address) Bon Secours Hosp.

F 19864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lee L. Lichtenstein

(a) Residence: No. Cumberland St., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsa

6. DATE OF BIRTH (month, day, year) 6/24/72

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Liquor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ruben Lichtenstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Hirsch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records -
(Address)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

Place Cumberland, Md Date Jany. 22 1936

19. UNDERTAKER David Lowenheim - Lic No
(Address) 1902 Eutaw Place

20. FILED Jan 6 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1936 to Jan 21 1936

I last saw him alive on Jan 21 1936 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Benign Prostatic Hypertrophy	July 1935

Other contributory causes of importance:

Hemorrhage, post operative

Was an operation performed? Yes Date of January 21, 1936

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation transurethral prostatic punch Date of Jan 21, 1936

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herbert Eichert M.D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 19865

F 19865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Pronounced dead on arrival at Union Memorial Hosp. (Ward) 27 90

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joel S. Fine

(a) Residence: No. 6210 Biltmore Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Student

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Benjamin J. Fine

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ceceil Fine

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

17. INFORMANT Mr. B. J. Fine,
(Address) 6210 Biltmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date Jany. 19 36

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 20, 19 36

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h. in life 1/20 1936 Death is said to have occurred on the date stated above, at 4:30 P m. (about)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture skull	
Other contributory causes of importance:	

Name of operation none Date of ...

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 1/20 19 36

Where did injury occur? Lord Lane near Park Hgts Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Lane

How injury occurred struck by automobile while sleighing

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Hubert Bayley (Auto) M. D.

(Address) 5142 Park Heights Ave

M. & B. F 19866

F 19866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Old York Rd St., 9th Ward)

Length of residence in city or town where death occurred 21 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Marcelina Smallwood

(a) Residence: No. 4000 Old York Rd St., 9th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry V. Smallwood

6. DATE OF BIRTH (month, day, year) March 3rd 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raspeburg Balto. Co. Md.

FATHER

13. NAME Benjamin Brainard

14. BIRTHPLACE (city or town) (State or country) Augusta Maine

MOTHER

15. MAIDEN NAME Elizabeth Burgan

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland.

17. INFORMANT Maude E. L. Linzey
(Address) 4000 Old York Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place H. Hayes Howard Co. Date Jan 23. 1936

19. UNDERTAKER H. Hayes Howard & Sons Co.
(Address) 1111 Cathedral St.

20. FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9/1929. 19... to January 20. 1936

I last saw her alive on January 20. 1936. Death is said to have occurred on the date stated above, at 1.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1925

Other contributory causes of importance:

Cerebral Hemorrhage	1934
	1936

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John [illegible] Finley, M. D.

(Address) 6522 Greenmount Avenue

F 19867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19867

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 221 E Biddle St., 11-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa T. Carroll
If U. S. Veteran specify WAR .....

(a) Residence: No. 221 E Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~ widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Pete W. S. Carroll

6. DATE OF BIRTH (month, day, year) Dec 14th 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
90	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME Henry C. Tilghman
14. BIRTHPLACE (city or town) (State or country) Easton Md

MOTHER

15. MAIDEN NAME Malcah Skinner
16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Henry Carroll
(Address) 221 E Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Glenwood Balto Co Md Jan 22 1936

19. UNDERTAKER Henry Hopkins & Co
(Address) Catonsville Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1920 to Jany 20 1936
I last saw her alive on Jany 20 1936 Death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia,	36 Jan 14.
Myocarditis, Chronic,	?
Arterio Sclerosis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. W. Carroll M. D.
(Address) 1327 Park ave

F 19868 F 19868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1121

Registered No. 1936-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Civil Spanish

2. FULL NAME Reginald Winans Hutton

(a) Residence: No. The Crimea, Windsor Mills Rd. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of (or) WIFE of Mabel D Finan

6. DATE OF BIRTH (month, day, year) June 29 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	41	6	21 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm M Hutton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Collette Winans

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mabel D Hutton

(Address) Wilma Ave Roxb

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmt Date Jan 22 1936

19. UNDERTAKER Henry W Jenkins & Co

(Address) Eutaw & McCulloh

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1936 to Jan. 20, 1936

I last saw him alive on Jan. 20, 1936 Death is said to have occurred on the date stated above, at 1:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute appendicitis - Ruptured	1/8/36
Peritonitis, generalized	1/8/36
Coronary thrombosis	1/20/36

Other contributory causes of importance:

Was an operation performed? 1/9/36 Date of

For what disease or injury? acute appendicitis.

Name of operation appendectomy - Ileostomy 1/9/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Robert H Sivers M. D.

(Address) Union Memorial Hosp.

F 19869

F 19869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-24-493-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4402 ADELLE Terrace St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Sneeringer

(a) Residence: No. 4402 Adelle Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry D. Sneeringer

6. DATE OF BIRTH (month, day, year) Dec. 8 - 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82.	1.	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ht Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Charles H. Ritter

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Mary Ann Carmody

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Lyda F. Hammerstock
(Address) 4402 Adelle Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 1-22-36 19

19. UNDERTAKER F. B. Herbert & Son
(Address) 1300 Eutaw Place

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1935, to Jan 19th, 1936.

I last saw her alive on Jan 19, 1936. Death is said to have occurred on the date stated above, at 11.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1920

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Ernest Spencer Jr. M. D.

(Address) 4123 Fredericks Ave.

F 19870

F 19870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob S. Noel

If U. S. Veteran specify WAR No Record

(a) Residence: No. 322 E. 33rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~late WIFE of~~ Ethel M. Noel

6. DATE OF BIRTH (month, day, year) Nov 30th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	1	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning & Dyeing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year) ~

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas W. Noel

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary T. Standiford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ethel M. Noel

(Address) 322 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Mem Gardens

Place York Penna Date Jun 24th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1936 to 1-21 1936

I last saw h. ~~alive~~ alive on 1/21 1936 Death is said to have occurred on the date stated above, at 9 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Emphysema	20 years ago

Other contributory causes of importance:

Right sided heart failure

Chronic bronchitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ~~Last year~~ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Robert W. Farr, M. D.

(Address) University Hospital

M. D. F. 1268-9

F 19871

F 19871 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 E. 22nd St., 12-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Swift

(a) Residence: No. 436 E. 22nd St Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced. (write the word): widowed

5a. If married, widowed, or divorced (or) WIFE of Luke Swift

6. DATE OF BIRTH (month, day, year) Oct 16-1859

7. AGE: Years 76 | Months 3 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles A. Keith

14. BIRTHPLACE (city or town) (State or country) Ellicott City Md

MOTHER

15. MAIDEN NAME Mary Sally Seigold

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Oliver E. Swift 436 E. 22nd St

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Date Jan 23 1936

19. UNDERTAKER (Address) William Coyle 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15 1933 to Jan-20 1936

I last saw her alive on Jan-20 1936 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Apoplexy & Hemiplegia (Left)	
also Nephritis	
Other contributory causes (importance)	
Broncho Pneumonia	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) M. D. Stanley Goosch

(Address) 2900 St Paul St Baltimore

M. D. B. 1938-8

19872

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19872

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5 Englewood Road (Ward) 27-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W B Kauffman

(a) Residence No. 5 Englewood Rd St. Roland Park Ward

(Usual place of abode) (If non-resident give city or town and State)

Was U. S. Veteran? No

Specify War or Service

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): Feb 7-1860

7. AGE: Years 75 — Months 11 — Days 14 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Harness Mfr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own business

10. Date deceased last worked at this occupation (month and year): Jan 16 1936

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

MOTHER FATHER

13. NAME: John J. Kauffman

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary A Bond

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): John H Crem Jr 5 Englewood Rd

18. BURIAL, CREMATION, OR REMOVAL. Place: Lorraine Date: Jan 23rd 36

19. UNDERTAKER (Address): Williams Cook 1219 Park Ave St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from January 7th 1936 to Jan 21 1936

last saw h[illegible]ive on Jan 20 1936 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	—
Chronic Interstitial Nephritis	—
Arterio Sclerosis	—

Other contributory causes of importance:

Name of operation: — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) Frederick J. Crem M. D.

(Address) 7827 N. Calvert St

F 19873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

9-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1702 Lakeside Ave (St.,) (Ward)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Schenck

U. S. Veteran

(a) Residence: No. 1702 Lakeside Ave St., Ward. Specify Ward

(Usual place of abode) 85 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced (or) WIFE of Adam J Schenck

6. DATE OF BIRTH (month, day, year) Jan 6th 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Louis Mhrer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Hessenauer

(Address) 1702 Lakeside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cem Date 1/23 -36

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935 to June 21, 1936

I last saw her alive on June 21, 1936 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Nephritis Chronic — Date of onset 10/1/35

Other contributory causes of importance: Carcinoma — 10/1/35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Cabaccini M. D.

(Address) 1902 E. Madison St

19874 James Burke. 19874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V93-e

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Civil

2. FULL NAME James Burke

(a) Residence: No. 1631 N Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Maggie Burke

6. DATE OF BIRTH (month, day, year) June 21, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Latter

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Patrick Burke

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Kathrine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 24th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1936

22. I HEREBY CERTIFY. That I attended deceased from 1-14 1936 to 1-20 1936

I last saw him alive on 1-20 1936. Death is said to have occurred on the date stated above, at 9 35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Myocardial Heart Disease	

Other contributory causes of importance:
myocardial failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jonny N. Burnett M. D.
(Address) Md. General Hosp.

F 19875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 19875

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2211 Rogers Ave (Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Roberts

(a) Residence: No. 2211 Rogers Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 16-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hugh Roberts

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Sarah Winker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Otta Cuddy (Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Jan 23rd 1936

19. UNDERTAKER William Cooke (Address) 1217 St Paul St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1936 to Jan 21 1936

I last saw him alive on Jan 20 1936 Death is said to have occurred on the date stated above, at 10.40 Am.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr. Nephritis.	

Other contributory causes of importance: Chr. Myocarditis. Benign Hypertension Probable

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signature) George E. Slagle M. D.

(Address) 708 N Fulton Ave

M. D. No. 19876 F 19876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fulton City Hosp St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Boskowski (or Borkowski) If U. S. Veteran specify WAR Spanish

(a) Residence: No. 1908 Aliceanna St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jana Borkowski

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Boskowski

(Address) 4201 Wabash Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 1/22 . 1936

19. UNDERTAKER Robert Brophy & Son

(Address) Calhoun & Baltimore sts

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance:

Uremia — Lobar pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. V. Wright M. D.

Coroner

(Address) 1015 S. Edwards St

M. D. P. 1268-9

F 19877

F 19877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Hebrew Home for aged St. Dist. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Salon

(a) Residence: No. Resident & Free opreg St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT [redacted] SUPERINTENDENT [redacted]

(Address)

18. BURIAL, CREMATION, OR REMOVAL Helena Mt Carmel Date 1/22/36

19. UNDERTAKER Jas S. Lewis Inc

(Address) 1438 E. Baltimore St

20. FILED . 19 Registrar.

6 10a

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1 . 1931 . to 1-21 . 1936

I last saw him alive on 1-21 . 1936 Death is said to have occurred on the date stated above, at 5.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Arteritis Pneumonia	

Other contributory causes of importance:

Chr. Bronchitis
Emphysema

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) Edmund Levin M. D.

(Address) Levindale

F 19878

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19878

CERTIFICATE OF DEATH

V 95-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Hall

(a) Residence: No. 431 St. Paul St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ? Hall

6. DATE OF BIRTH (month, day, year) ? 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69 68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas Clee

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Diggs.
(Address) 1203 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 1/22/ 1936

19. UNDERTAKER Frances A Hemsley
(Address) 598 W. Biddle St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1936 to 1-20 1936

I last saw h[illegible] alive on 1-20 1936. Death is said to have occurred on the date stated above, at 4:45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease.	Two yrs ago
acute myocarditis -	12-28 35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. H. Jackson M. D.

(Address) 608 N. Arlington Ave

F 19879

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19879

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Hamilton Strathmore Ave St. 27-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Herbert M. Canavan

(a) Residence: No. 2915 Strathmore Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Canavan

6. DATE OF BIRTH (month, day, year) Nov. 1, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamboat Pilot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 280

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard Canavan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anne E. Travers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lena Canavan (wife) (Address) 2915 Strathmore Ave. Hamilton

18. BURIAL, CREMATION, OR REMOVAL Laid to Rest in Mt. Carmel Cemetery Place St Pauls Cemetery Date Jan 23 1936

19. UNDERTAKER Fred J. Krauss & Son (Address) 1216 E. Chase Street

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Jan 20 1936

I last saw him alive on Jan 20 1936 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cystic Nephritis (chronic)	1934
Other contributory causes of importance: myocarditis chronic	Sept 1935

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury ..... 19 ...

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. K. Gordy M. D.

(Address) 6706 Harford Rd

F 19880

F 19880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 S. Charles St., 23-1 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yr 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Eckardt

If U. S. Veteran specify WAR

(a) Residence: No. 1437 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalen Eckardt

6. DATE OF BIRTH (month, day, year) Jan. 28, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm Eckardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Fichtenrock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Magdalen Eckardt
(Address) 1437 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/22, 1936

19. UNDERTAKER Fred. J. Krause & Son
(Address) 216 E. Charles St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1- 1935 to Jan 18, 1936

I last saw h alive on Jan 18, 1936 Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Lesion
Mitral & Aortic Incompetency

Date of onset

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas A Carlson, M. D.

(Address) 2145 N Paca St

M. D. B 1268-9

F 19881

F 19881 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mt. Royal Hotel and Calvert St., 16-1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise Jones

(a) Residence: No. 1031 Brantley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. L. Jones

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Hotel

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.C

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Elmer Jones
(Address) 1031 Brantley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem. Date Jan 22 1936

19. UNDERTAKER Adolph Wortsteadt
(Address) 9 E. Lexington St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased therein and from the evidence above, held an (Inquest, Autopsy or Inquiry) thereon and from (Inquest, Autopsy or Inquiry) obtained by said death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	

Other contributory causes of importance:
Myocarditis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Elmer B. Wallace M. D.
Coroner

(Address) 1031 Brantley Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. [illegible] 12 T 19882 E 19882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH 1037 Brantley Ave

CITY OF BALTIMORE: (No. ..... St., 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Pulley

(a) Residence: No. 1037 Brantley Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-12-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Pulley

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Willimitte Minor

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mamie Minor
(Address) 1037 Brantley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 1-22-36

19. UNDERTAKER Bernard P. Hemsley
(Address) 518 David Hill Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/18/36 19... to 1/20/36 19...

I last saw h— alive on 1/20/36 19... Death is said to have occurred on the date stated above, at 10.22 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro enteritis Pneumonia	1 week
Other contributory causes of importance:	
Convulsions	6 d.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bernard P. Hemsley M. D.

(Address) 910 W. Lombard

F 19883

F 19883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 W. Fairmount St., ave 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Muzdaikeene

If U. S. Veteran specify WAR.....

(a) Residence: No. 2701 W. Fairmount St., ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Stanislaw Muzdaika

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: 61; Months: ; Days: ; If LESS than 1 day..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Stanislaw Muzdaika

(Address) 2701 W. Fairmount ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 24. 1936

19. UNDERTAKER: John Grebliauckas

(Address) 423 S. Paca St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1. 1935 to Jan. 21. 1936

I last saw h.. alive on Jan 20. 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	?

Other contributory causes of importance:

Exhaustion.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert C. Blake M. D.

(Address) Med Arts Bldg.

F 19884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19884

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 Wheeler Ave. St., 26-2 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gilbert F. Crockett

(a) Residence: No. 23 W Wheeler Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Charlotte E Crockett

6. DATE OF BIRTH (month, day, year) July 30 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month, day, year) Sept 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Seaspass Island Va

FATHER

13. NAME Gilbert Crockett

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Thaspass

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Charlotte E Crockett

(Address) 23 W Wheeler Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 24 1936

19. UNDERTAKER Dr. J. Gichner, Inc.

(Address) Lexington & Eutaw Sts

20. FILED ..... 1936 ..... Registrar.

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21st 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4th 1935 to Jan 21st 1936

I last saw him alive on Jan 20th 1936 Death is said to have occurred on the date stated above, at 8-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2

Other contributory causes of importance:

Dementia	3 Mo

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

Signed) Benj O McCleary M.D. M. D.

(Address) 400 N Payson St.

19885

HEALTH DEPARTMENT—CITY OF BALTIMORE

19885

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Spaulding Ave. St. 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Disney,

(a) Residence No. 3701 Spaulding Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Disney.

6. DATE OF BIRTH (month, day, year) May 28. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Noah Miller

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Gantz,

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Clarence L Disney

(Address) 4036 Hayward Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date JAN 24 1936

19. UNDERTAKER Geo H Little

(Address) 2700 Edmondson Ave.

20. FILED Registrar.

JAN 22 1936 6 (GHG.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1935 to Jan 21 1936

I last saw her alive on Jan 20 1936 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-19-36
Diabetes Mellitus	12 yrs ago

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James S. Ashhurst M. D.

4012 Park Heights Ave

19886 ✓ F 19886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME William Robinson

(a) Residence: No. 1121 N. Carey st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME William Robinson

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Carrie Jones

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 22 1936

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Bussiman St

20. FILED 1 ... 19 36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1936 to Jan. 19, 1936
I last saw him alive on Jan. 19, 1936 Death is said to have occurred on the date stated above, at 7.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	SEPT. 1935

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Arthur Karlson, M. D.
(Address) Baltimore City Hospitals

308752

1988?

✓ F 19887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edith Payne

(a) Residence: No. 2917 Christopher St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph

6. DATE OF BIRTH (month, day, year) 8/19/86

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Fallowfield

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Wallace

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cemetery Mt Olivet 1/23/36

19. UNDERTAKER Wm Cook
(Address) 1242 E Fayette St

20. FILED 6 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1936, to Jan. 21, 1936.

I last saw her alive on Jan. 21, 1936. Death is said to have occurred on the date stated above, at 11 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan. 16.
Other contributory causes of importance: Myocardial insufficiency	Jan. 20

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Pollock, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. F 19888 ✓ F 19888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 5-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Harden

(a) Residence: No. 1417 Orleans St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of [illegible] of Bessie Harden

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

13. NAME Sneph Harden

14. BIRTHPLACE (city or town) Trinidad Brit. (State or country) Guam

FATHER

15. MAIDEN NAME Susan Winslow

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Hattie Kane (Address) 1417 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cem Date 1/23 1936

19. UNDERTAKER Josh G. Locke Jr. (Address) 1132 Jefferson St.

20. FILED 6 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance: Uremia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Wheeler, M. D. Coroner

(Address) 1918 E. North Ave.

OCCUPATION IS VERY Important.

F 19889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19889

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 327 S. Payson St. St., 20-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth 80 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Joseph Edward Shaw

(a) Residence: No. 327 S. Payson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17, 1850.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Hugh Shaw

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Mitchell

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Mary E. Jones (Sister)
(Address) 327 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan/24, 1936.

19. UNDERTAKER Harry E. Lutzke
(Address) 4101 Edmondson Ave.

20. FILED 6 Jan 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21— 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6— 1936 to Jan 21— 1936.
I last saw him alive on Jan 20 1936. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Immediate	
Due to Acute Nephritis	
Senility (Brain Softening)	

Other contributory causes of importance:
Pulmonary Oedema

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Norbert C. Nitsche M. D.
(Address) 2151 Wilkens ave

19890 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9346
F 19890

93-C

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals, (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4940 Western Ve., St. 26-12 Ward)

Length of residence in city or town where death occurred 61 yrs. 7 mos. -- ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George A Linsenmeyer.

(a) Residence: No. 47 Melvin Ave., Catonsville, St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Linsenmeyer

6. DATE OF BIRTH (month, day, year) June 21, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not obtainable

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Maryland

FATHER

13. NAME John Linsenmeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marg. Beverling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Balto, City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 1/23, 1936

19. UNDERTAKER Henry A. Meade and Son
(Address) 823 N. Eutaw St.

20. FILED 6, 19.. Registrar.

RETT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1935, to 1/21, 1936

I last saw him alive on 1/21, 1936 Death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6 mo +
Arteriosclerotic Heart Disease	1 "

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reyle, M. D.

(Address) Balto City Hosp.

M. D. H. 1268-9

F 19891 ✓ F 19891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 S Green St. 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Gray

(a) Residence: No. 602 S Green St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ Sarah Gray

6. DATE OF BIRTH (month, day, year): Sept 11-1872

7. AGE: Years 63 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas Co

10. Date deceased last worked at this occupation (month and year): 1-28-36

11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (city or town) (State or country): Burney Bucks Co

FATHER

13. NAME: Theos Gray

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Armella Heath

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Miss Gray

(Address) 602 S. Green St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan. 23, 1936

19. UNDERTAKER: Mrs Katie R Williams

(Address) 322 S Schroeder St

20. FILED 6 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1936 to January 20, 1936

I last saw him alive on January 20, 1936 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10
Other contributory causes of importance:	
Cardiac Insufficiency	6

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Shipley Dorsey M. D.

(Address) 1 W 7 Mon Bldg

M. D. Bd. 1268-9M F 19892 ✓ F 19892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 W. Lexington St., 19-3 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Griffin

(a) Residence: No. 1718 West Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ Ella Griffin

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia S. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Minnie Fogg

(Address) 1718 W Lexington.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Jan 23, 36

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED 6 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

6-Pm

21. DATE OF DEATH (month, day, year) Jan. 20-36. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Sudden
Angina Pectoris.	death.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Sudden death. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Wm. H. Phillips Coroner M. D.

(Address) 1919 Edmondson Ave.

yes OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

19893 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19893

94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Yushka

(a) Residence: No. 642 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie A Lebeda

6. DATE OF BIRTH (month, day, year) Dec 20-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
56	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Stanley Yushka

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs. Sallie A. Yushka (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/23/ 1936

19. UNDERTAKER John J. Cowan & Son (Address) 848 Hillen Street

20. FILED 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ECG Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) A. K. Yselen M. D.

(Address) 3757 E. Monument Ave

OCCUPATION IS very important. See instruction on back.

✓ ★ 9977 F 19894

19894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34-D-93

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St. 76-12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Walter Sanders
(a) Residence: No. Friendly Home Howard St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Janie May ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER
13. NAME Andrew
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Lucy ?
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H.U. Med. School Date Jan 22nd 1936

19. UNDERTAKER Dept. Health.
(Address) per [illegible] Woodall.

20. FILED 6 ..... 19 ..... Registrar
2036

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/17 1935 to 1/13 1936
I last saw him alive on 1/13 1936 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows: Myocardial insufficiency — Date of onset ?

Other contributory causes of importance: None

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.
(Address) Balto City Hosp.

OCCUPATION IS very important. See instructions on back.

19895 ✓ F 19895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp 4-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cuelas Ennis

(a) Residence: No. Frostburg, Md St., ... Ward. Summer Co. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1926

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Cuy. Ennis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Fields

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ella Ennis
(Address) Frostburg Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Frostburg Md Date Jan. 27 1936

19. UNDERTAKER Hoffman & Co
(Address) Lonaconing Md.

20. FILED 6 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-19- . 1936 to 1-22 . 1936

I last saw her alive on 1-22 . 1936 Death is said to have occurred on the date stated above, at 12 M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor.	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-21-36.

For what disease or injury? Brain tumor.

Name of operation Rt. Lateral bone flap. Date of

What test confirmed diagnosis? X Ray Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Cotter M. D.

(Address) University Hosp.

M. D. P. 1269-9

9896 V RE 19896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St.) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Walsh

(a) Residence: No. Washington, D.C. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Cussen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mount Hope Retreat Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington, D.C. Date Jan 24. 1936

19. UNDERTAKER (Address) Henry W. Megarden 805 N. Calvert St.

20. FILED 1936 Registrar

To Washington via:- Auto.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 . 1934 to Jan. 22 . 1936

I last saw her alive on Jan. 22 . 1936 Death is said to have occurred on the date stated above, at 2.08 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Diabetes Mellitus. Post Embolism of Middle Cerebral Artery	2 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Truman Blagg M. D.

(Address) 3316 Fredrick Ave

1308886

19897 ✓ F 19897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 194-a

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Wallace Knopp.

(a) Residence: No. Rocka md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/18/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Martin Knopp.

14. BIRTHPLACE (city or town) (State or country) Rocka Md.

MOTHER

15. MAIDEN NAME Pauline Bockman

16. BIRTHPLACE (city or town) (State or country) N.B.

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Jan 23, 1936

19. UNDERTAKER C. C. Krantz & Son
(Address) Jarrettsville md.

20. FILED 1936, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1936. to Jan. 22, 1936.

I last saw him alive on Jan. 22, 1936. Death is said to have occurred on the date stated above, at 4-45 A m.

The principal cause of death and related causes of importance were as follows:

Foreign body trachea — Date of onset 1-20-36

Other contributory causes of importance:

Bronchitis

Was an operation performed? yes Date of 1-20-36

For what disease or injury?

Name of operation Tracheotomy Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Washington, M. D.

(Address) Johns Hopkins Hosp

9898

✓ F 19898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 79-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. Registered No.

CITY OF BALTIMORE: (No.) St., 9-9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Hayward Kent If U. S. Veteran specify WAR

(a) Residence: No. Pennsylvania, Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 6 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	10	17	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania Maryland

FATHER

13. NAME Harry H Kent

14. BIRTHPLACE (city or town) (State or country) Pylesville Md

MOTHER

15. MAIDEN NAME Anna L Bradley

16. BIRTHPLACE (city or town) (State or country) Pennsylvania Md

17. INFORMANT Harry H Kent (Address) Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL Place Pennsylvania Md Date Jan 25 36

19. UNDERTAKER E. E. Fritz & Son (Address) Pennsylvania Md

20. FILED 36 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22 1936

22. I HEREBY CERTIFY, That I attended deceased from January 17 1936 to January 22 1936

I last saw him alive on January 22 1936 Death is said to have occurred on the date stated above, at 10:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumococcus meningitis	

Other contributory causes of importance:

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If

(Signed) W. W. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

1989) 91 (1989) E 1989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

JOHNS HOPKINS HOSPITAL

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 10-2 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Emma May Simpson

(a) Residence: No. 837 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/26/24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Henry Simpson

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Martha Spain

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Grenville N.C. Date Jan 22 1936

19. UNDERTAKER Robert F. Williams
(Address) 10-16 N. Eden St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1935 to Jan 20 1936

I last saw h[illegible] alive on Jan 20 1936 Death is said to have occurred on the date stated above, at 11 10a m.

The principal cause of death and related causes of importance were as follow:

	Duration of each
Generalized tuberculosis	5 mos ago

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Guinea pig Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lydia B Edwards M.D.

(Address) Johns Hopkins Hosp.

OCCUPATION IS VERY Important.

V S 3

19900 ✓ F 19900

19900 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hosp St., 16-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Rosa Langfelder

(a) Residence: No. 1601 Edmondson St., ... Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph

6. DATE OF BIRTH (month, day, year) April 13 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Bethel Banks

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Esther Stern

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) W. H. Langfelder 1601 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Date Jan 24. 1936

19. UNDERTAKER (Address) Leonard Rentzel 2227 Reisterstown Rd

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20. 1936 to Jan 22. 1936.

I last saw h alive on Jan 20. 1936 Death is said to have occurred on the date stated above, at 10 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pentonitis	
Diabetes	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence P Roberts M. D.

(Address) Sinai Hospital

19943

19901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

JOHNS HOPKINS HOSPITAL

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 3-1 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Williams

(a) Residence: No. 219 S Carolina St., 8E Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): 3/6/84

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Alex Williams

14. BIRTHPLACE (city or town) (State or country): Md -

MOTHER

15. MAIDEN NAME: Laura Lloyd

16. BIRTHPLACE (city or town) (State or country): Md -

17. INFORMANT: Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place: [illegible] Date: Jan. 25, 36

19. UNDERTAKER: Wendell & Heppel
(Address): 1406 Druid Hill Ave.

20. FILED: 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1936 to Jan 26, 1936

I last saw alive on Jan 12, 1936 Death is said to have occurred on the date stated above, at 9 10 M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Liver — Date of onset ?

Other contributory causes of importance:

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify -

(Signed) Joseph J. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION IS VERY IMPORTANT. BE SURE TO REPORT IT.

V S 3

Spec.—2-20-28—L. F. S.—500 Blks.

F 19902 HEALTH DEPARTMENT—CITY OF BALTIMORE F 19902

CERTIFICATE OF DEATH

45-D

1—PLACE OF DEATH 720 N Carrollton Ave. REGISTERED NO. 16-1

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Augusta Wilson

(a) RESIDENCE NO. 720 N Carrollton Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard S Wilson

6 DATE OF BIRTH (month, day, and year) June 24-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Kanawha Co. (State or country) W. Va.

PARENTS

10 NAME OF FATHER Joseph Small

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Phoebe Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Elsworth Wilson (Son)

(Address) 720 N Carrollton Ave.

15 Filed 26, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22, 1936

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1935, to Jan 22, 1936, that I last saw h[illegible] alive on Jan 22, 1936 and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows: Carcinoma (left jaw)

(duration) about yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & X-Ray.

(Signed) Geo. McDonald, M. D.

(Address) 844 N Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Worcester Mass. DATE OF BURIAL 1-23-1936

UNDERTAKER Mrs. Geo. E. Holland ADDRESS 1651 E. [illegible]

19903 F 19903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 13 ✓109 Registered No. .....
CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME William Heird Heird
(a) Residence: No. 2421 Baker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Widower Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Feb 18 1876
7. AGE: Years 54 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fire Volunteer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER
13. NAME: Lemuel Heird
14. BIRTHPLACE (city or town) (State or country): Maryland USA

MOTHER
15. MAIDEN NAME: Nana Carter
16. BIRTHPLACE (city or town) (State or country): MD.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Jan 20 1936

19. UNDERTAKER: Sprague Butler
(Address): 1605 E. Monument St.

20. FILED: JAN 22 1936 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-13 1936 to 1-22 1936
I last saw him alive on 1-22 1936 Death is said to have occurred on the date stated above, at 2 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Hemolytic Septicemia	
Pneumonia Streptococcic	
Other contributory causes of importance:	
Pulmonary edema	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. L. Ewald M.D.
(Address) Maryland General Hosp

F 19304 F 19304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5107 Frederick Road St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Meredith Janvier

(a) Residence: No. 5107 Frederick Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Baker (Janvier)

6. DATE OF BIRTH (month, day, year) Sept. 19. 1872

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
63	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Florence B. Janvier
(Address) 5107 Frederick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Jany 23, 1936

19. UNDERTAKER Jas. E. Mitchell & Son.
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 21. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th. 1936 to Jan 21st. 1936

I last saw h.. alive on Jan 21st. 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 1/17/36

Other contributory causes of importance:

Angina like attacks (at intervals) last 18 months.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) B. A. Fiscich M. D.

(Address) 3615 Falls Road

23-1936

M. D. B 1268-9

F 19905

F 19905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 175-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Irenith E. Dates

(a) Residence: No. 728 N. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year): Aug 2 1915

7. AGE: Years 20 21 | Months 5 | Days 1 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: general housework.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Northumberland Co Virginia

FATHER

13. NAME: Clarence Dates

14. BIRTHPLACE (city or town) (State or country): Northumberland Co. Va.

MOTHER

15. MAIDEN NAME: Ethel Bee

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Clarence Dates

(Address) 728 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Va Date 1/23 1926

19. UNDERTAKER: Thos E. Welsh

(Address) 1503 Pratt St.

20. FILED 6 1926 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 21, 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by inquiry autopsy find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abortion in congenital deformed (vicious) Uterus; Congenital absence of left Kidney	
Other contributory causes of importance: general peritonitis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright Coroner, M. D.

(Address) 1020 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

F 19906 F 19906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dave Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1105 N. Stricker St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah (Deceased)

6. DATE OF BIRTH (month, day, year) February, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME West Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Union Chapel Monkton, md Date 1/24 193[illegible]

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Priestman St.

20. FILED ..... 19.. ..... Registrar.

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1936, to 1-20, 1936

I last saw him alive on 1-20, 1936 Death is said to have occurred on the date stated above, at 2.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of Yes No

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Brantigan M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on page 4 of booklet.

V 8 3

F 19907

F 19907

308387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 157-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lawrence Flowers

(a) Residence: No. 806 N Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/22/35

7. AGE Years	~~Months~~ 2	Days	If LESS than 1 day, hrs. or min.
	6 weeks		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME OF FATHER Edward Flowers

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Thelma Wells

16. BIRTHPLACE (city or town) (State or country) D. C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Jan 23 1936

19. UNDERTAKER T. A. Brooks
(Address) 1463 N. Carey St

20. FILED 6 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936 to Jan 22, 1936

I last saw her alive on Jan 21, 1936 Death is said to have occurred on the date stated above, at 7 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Stenosis	1-1-35
Malnutrition	

Other contributory causes of importance:

Was an operation performed? yes Date of 1-15-35

For what disease or injury? Pulmonary Stenosis

Name of operation Pantaloff Date of 1-15-35

What test confirmed diagnosis? X-ray. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Martha F Reese, M. D.

(Address) Hall 4 [illegible]

OCCUPATION is very important. See instructions on reverse side.

19908 Bailey E 19908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 82-A

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3222 Auchentoroly St., (Lying-in Hospital) (Ward) 13

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Bailey

(a) Residence: No. 3222 Auchentoroly Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late August F Bailey

6. DATE OF BIRTH (month, day, year): Apr 4-1858

7. AGE: Years 77 | Months 9 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto City

FATHER
13. NAME: John Gillen
14. BIRTHPLACE (city or town) (State or country): Irland

MOTHER
15. MAIDEN NAME: Margaret Cullen
16. BIRTHPLACE (city or town) (State or country): Irland

17. INFORMANT (Address): Mrs Leo Bailey 3222 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Jan 22 1936

19. UNDERTAKER (Address): A S Monahan 3139 Folls Rd

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 22 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to Jan 22, 1936
I last saw her alive on Jan 21, 1936 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Other contributory causes of importance: cerebral hemorrhage	1/1/36

Was an operation performed? no Date of
For what disease or injury?
Name of operation none Date of
What test confirmed diagnosis usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo A Kupp M. D.
(Address) 3320 Edmondson Ave

OCCUPATION NOT REPORTED

F 19909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19909

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospitals St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Willis

(a) Residence: No. 1030 Hillen St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) May 21 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50 - 0		5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA Project

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Sadie Willis

(Address) 1030 Hillen St

18. BURIAL, CREMATION, OR REMOVAL

Place MT Calvary Date 1/24 1936

19. UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

20. FILED ..... 19 ..... Registrar.

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance: Pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 1511 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19910

F 19910 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 S. Eaton Rd St., 1-3 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Cusak

If U. S. Veteran specify WAR .....

(a) Residence: No. 724 S. Eaton Rd St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) March 19 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skilled Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Factory

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ~~Lithuania~~ German Poland

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Poland

FATHER

15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Helen Szamocki

(Address) 724 S. Eaton Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 1/20, 1926

19. UNDERTAKER Wm. J. Fiaszowski

(Address) 701 Eastern Ave

20. FILED ... 19 ... Registrar

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Contributory Pulmonary Embolism	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. W. Wright M. D. Coroner

(Address) 1010 S. Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

F 19911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19911

✓ 154

1. PLACE OF DEATH Maryland General (Hosp) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucabelle Wolfe

(a) Residence: No. 303 E Melrose Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1 1930

7. AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
5	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Minneapolis Minn

FATHER

13. NAME John Calvin Wolfe
14. BIRTHPLACE (city or town) (State or country) S. Dakota

MOTHER

15. MAIDEN NAME Pearl E Stewart
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT J. Calvin Wolfe
(Address) 303 E. Melrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 24 1936

19. UNDERTAKER John T. Dennis & Sons
(Address) 115 Light St

20. FILED JAN 25 1936 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1936 to Jan 22 1936.
I last saw he alive on Jan 22 1936 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Pneumonia	
(Primary acute infection)	
Other contributory causes of ~~importance~~	
Secondary metastatic processes	

Was an operation performed? Yes Date of 1-16-36
For what disease or injury? Pneumonia
Name of operation Exploratory Incision Date of 1-16
What test confirmed diagnosis? Exploratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Chas J Barnaby M. D.
(Address) Maryland General Hosp

F 19912 # 11233 F 19912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 23-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Bell

If U. S. Veteran specify WAR

(a) Residence: No. 5 W. Randall St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gus

6. DATE OF BIRTH (month, day, year) 11-25-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew Simmons

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Letty

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 24, 1936

19. UNDERTAKER John F. Denny

(Address) 711 E. Lafayette Ave

20. FILED JAN 23 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/4, 1934 to 1/21, 1936

I last saw her alive on 1/21, 1936 Death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 4 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 19913

M. D. B 1268-9

F 19913 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1926-17 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME William Morris
(a) Residence: No. 2570 North Pond St. Baltimore, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eleanore

6. DATE OF BIRTH (month, day, year) april 15 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sofner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Hand
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Co. Virginia

FATHER
13. NAME William Morris
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Jennie Wade
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Morris
(Address) 414 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Jan 24 1926

19. UNDERTAKER Robert L. Fleming
(Address) 504 N. Caroline St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub arachnoid hemorrhage	Jan 19

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.
Coroner.
(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

F 19914

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19914

CERTIFICATE OF DEATH

1137

1. PLACE OF DEATH Maryland General Hosp. 38-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George Price

(a) Residence: No. 4215 Redwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie B Price

6. DATE OF BIRTH (month, day, year) Aug 3 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Ephraim Price

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Justina Bressler

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Lottie B. Price

(Address) 4215 Redwood

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1 24 1936

19. UNDERTAKER W J Tuckwell Son

(Address) Notary

Registrar

N 23 1936

OCCUPATION is very important. See instructions on page 2.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936 to Jan 22 1936

I last saw him alive on Jan 22 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Benign prostatic hypertrophy

Date of onset .....

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? Yes Date Jan 11, 1936

For what disease or injury Acute urinary retention

Name of operation Supra-pubic cystotomy Date of 1-11-36

What test confirmed diagnosis Cancer Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Wm H Barnaby M. D.

(Address) Maryland Gen Hosp

F 19915

F 19915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-W 166-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N. Fulton Ave 16-W Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Francis Emory Bond

(a) Residence: No. 716 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Louise V. Bond

6. DATE OF BIRTH (month, day, year) June 3 - 1839

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	96	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Thomas Bond Md

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT G. Robert Howell

(Address) 716 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 3 - 1936

19. UNDERTAKER W. Frazier Howe

(Address) Mount Pleasant

Filed JAN 23 1936 Registrar

OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1936, to Jan 21, 1936

I last saw him alive on Jan 20 1936. Death is said to have occurred on the date stated above, at 9-10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Salpingitis + Sepsis	
Other contributory causes of importance: Bronchitis	Jan 15,

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Simmons Hood M. D.

(Address) 2216 Guilford Ave

F 19916

F 19916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Braddish Ave 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Berreth

(a) Residence: No. 1813 Braddish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ambrose Berreth

6. DATE OF BIRTH (month, day, year) April 4th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Louis Bishop

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. William Adams

(Address) 1813 Braddish Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 24 1936

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1930 to Jan 21 1936

I last saw h[illegible] alive on Jan 21 1936 Death is said to have occurred on the date stated above, at 2.35 P m.

The principal cause of death and related causes of importance were as follows:

Chronic colitis, heart dis. — Date of onset

Other contributory causes of importance:

Hemiplegia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest S. Kalter M. D.

(Address) 3002 W North Ave

V 8 3 OCCUPATION is very important. See instructions on back of certificate.

F 19917 F 19917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 14-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clifton Smith.

(a) Residence: No. 140 Winters ave Catonsville, Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Raymond Archer Smith

14. BIRTHPLACE (city or town) (State or country) Catonsville Md.

MOTHER

15. MAIDEN NAME Cenie Martha Hamilton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lewis Hopkins

(Address) Same

18. BURIAL, CREMATION, or REMOVAL

Place Mt Auburn Cem Date Jan 26 1936

19. UNDERTAKER Adolphus Halstead

(Address) 9 N Dundalk Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1.22 1936

22. I HEREBY CERTIFY, That I attended deceased from 1.15 1936 to 1.22 1936

I last saw him alive on 1.22 1936 Death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 1.11.36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. T. Jackson M. D.

(Address) 1600 N. Carrington Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 19918

19918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospt (Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Hutchins

(a) Residence: No. 510 Maunde Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Virginia

FATHER

13. NAME Samuel Hutchins

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Harriet McGilley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Allen Oakes nephew

(Address) 510 Maunde Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Staunton Va Date Jan 23rd 1936

19. UNDERTAKER Leo J. Crook

(Address) 1703 N. Patterson Park Ave

20. FILED ..... 19..... Registrar

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1936 to January 22 1936

I last saw h in alive on January 22 1936 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Allen P. W. Woods M. D.

(Address) South Baltimore General

✓ F 19919

19919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 824 S. Kenwood Ave St., 1-24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gabriel Rusinek (Russia) If U. S. Veteran specify WAR .....

(a) Residence: No. 824 S. Kenwood Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rusinek

6. DATE OF BIRTH (month, day, year) July 17 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 44	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Copper Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Rusinek (Address) 824 S. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Jan 25 1936

19. UNDERTAKER H. W. Ozarowski (Address) 1930 Eastern Ave.

20. FILED ..... 19 ..... Registrar. NFT

OCCUPATION IS VERY IMPORTANT. Use instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1935 to Jan. 21 1936

I last saw him alive on Jan 20 1936 Death is said to have occurred on the date stated above, at 8:10 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of L. lung. — Date of onset .....

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date .....

What test confirmed diagnosis? X-ray - Johns Hopkins Hospital Was there an autopsy?

23. If death was due to external causes (violence) fill in answers to the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Thomas E. Tilson M. D.

(Address) 320 Biddle St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1920 E 1920

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH 1112 Russell St

CITY OF BALTIMORE: (No. Front St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Sampson

(a) Residence: No. 1112 Russell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1863

7. AGE: Years 73 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sawyer

9. Industry or business in which work was done, as mill, mill, saw mill, bank, etc.: Odd Job

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Frank Sampson Sr

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Alex Rocco

(Address): 1112 Russell St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 1/25, 1936

19. UNDERTAKER: Isaac L Brown Son

(Address): 105 W Monument St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936 to Jan 21, 1936

I last saw h. alive on Jan 21, 1936 Death is said to have occurred on the date stated above, at 745 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Toxemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Grampsas M. D.

(Address) 50 N Hanover

STATE CAUSE OF DEATH IN PLAIN LANGUAGE. OCCUPATION is very important. See instructions on back of certificate.

V 53

305241

F 19921

1921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-1

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Shirley Kirklande

(a) Residence: No. 611 N. Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/17/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Kirkland N. J.

FATHER

13. NAME Charles Kirklande

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Myrtle Watson

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 23d 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1935 to Jan 22 1936

I last saw him alive on Jan 22 1936. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Stricture of Larynx — Date of onset 10-1-35

Other contributory causes of importance:

Was an operation performed? Yes. Tracheotomy Date of 10-16-35

For what disease or injury? Stricture of Larynx

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John A Washington M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

19922 F 19922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto General Hosp (St., or Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jean Lucas

If U. S. Veteran specify WAR .....

(a) Residence: No. 3919 Ridgewood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17 - 1934

7. AGE	Years	Months	Days	If LESS than 1 dny, hrs. or min.
	/	/	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wilbur S. Lucas

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Irene M. Buckler

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wilbur S. Lucas.
(Address) 2224 Woodlea Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 1-24-36

19. UNDERTAKER Wendell C. Humphreys
(Address) 1726 N. Broadway

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936 to Jan 31 1936

I last saw her alive on Jan 31 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Bilateral Mastoiditis	?
Influenzal Meningitis	1/10/36
Bilateral Otitis Media	1/24/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/25/36

For what disease or injury?

Name of operation Bilateral mastoidectomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Alexander Lucas M. D.
(Address) West Balto Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 8 3

F 19923 ✓ F 19923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 27-18 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Feldman

If U. S. Veteran specify WAR .....

(a) Residence: No. 3613 Lucille Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Weinstein Feldman

6. DATE OF BIRTH (month, day, year) Jan. 15-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Jacob Feldman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Feldman (Wife)
(Address) 3613 Lucille Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Reiser Mt. Carmel Date 1-23- 1936

19. UNDERTAKER Jack Lewis Inc.
(Address) 1433 E. Balto. St.,

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1936 to Jan 22 1936 last saw h. I'm alive on Jan 22 1936. Death is said to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

Glioma of spinal cord — Date of onset .....

Other contributory causes of importance:

Cachexia
Uremia

Was an operation performed? Yes Date of {Oct 4, 1935 / Oct 7, 1935

For what disease or injury? Glioma of spinal cord

Name of operation Laminectomy - removal of tumor Date of 10/1/35

What test confirmed diagnosis? Microscop Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Theodore E. Mandy M. D.

(Address) 635 E. Fort Ave.

F 19924 ✓ F 19924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 13-3rd Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Buckner

(a) Residence: No. 2214 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-3-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Homes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Henry Buckner

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Minnie Hollander
(Address) 2237 Linden ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Date 1-24-36 19

19. UNDERTAKER Jack Louis Lee
(Address) 1439 E. Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-5 1936 to 1/23 1936

I last saw him alive on 1/23 1936 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/12
Other contributory causes of importance: Benign Prostatic Hypertrophy	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Ellicott Middleton M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 19925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19925

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4100 Philadelphia Ave. St., 9-8 Ward) Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John J. Daugherty

(a) Residence: No. 2220 Cecil Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 15 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hercules Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Patrick Daugherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Haherty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary Akers

(Address) 2220 Cecil Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 24. 1936

19. UNDERTAKER John A. Morgan

(Address) 03000 E. Baltimore St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) (Review and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull & Brain Injuries	
Fracture of both Legs	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/4 . 1936

Where did injury occur? 4100 Philadelphia Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Struck by Train While Crossing Tracks

Nature of injury Skull & Brain Injuries & Fracture of both Legs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1918 E. North Ave.

STATE CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1288-3

F 19926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Josephs Hospital — Registered No. 210-M

CITY OF BALTIMORE: (No. ... St., 4-E Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da. If U. S. Veteran specify WAR ...

2. FULL NAME Hans G. Finnessey

(a) Residence: No. 2632 Cecil Ave St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Loretta A Finnessey

6. DATE OF BIRTH (month, day, year) 11/20/1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Painter

9. Industry or business in which work was done, as silk mills, saw mill, bank, etc. Baltimore

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

MOTHER

13. NAME Hans Finnessey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Katie Kemmel

16. BIRTHPLACE (City or town) (State or country) Baltimore Md

17. INFORMANT Loretta A. Finnessey

(Address) 2632 Cecil ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 27, 1936

19. UNDERTAKER John A. Inman

(Address) 3000 E. Baltimore St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fire Rule	

Other contributory causes of importance:

Was an operation performed? yes Date of 1-19-36

For what disease or injury? ...

Name of operation ... Date of 1-19-36

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? acc Date of injury 1-19 1936

Where did injury occur? Fallsway & Eager St (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto truck as he stepped into street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hubert Gourley (Auto) M. D. Coroner

(Address) 907 N. Charles St

OCCUPATION is very important. See instructions on back of certificate.

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F 19927

F 19927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 W. Lombard St., 18-3 Ward)

Length of residence in city or town where death occurred 62 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Farrell

(a) Residence: No. 935 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 31st 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Farrell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Jennie Farrell

(Address) 935 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 1/25/1936

19. UNDERTAKER John J. Edwards & Son

(Address) 401 Hollins St.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936 to Jan. 22, 1936

that I saw h[illegible] alive on Jan. 22 1936 Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	1/18/36

Other contributory causes of importance:

None.

Name of operation no Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Norton M. D.

(Address) 888 W. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

9928 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 9928

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 N. Charles St. 12-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. 3 mos. 9 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Frances J. Woolford

If U. S. Veteran specify WAR .....

(a) Residence: No. 3700 N. Charles St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Napoleon B. Woolford

6. DATE OF BIRTH (month, day, year) Oct. 12, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Merritt

14. BIRTHPLACE (city or town) (State or country) ------- Maryland

MOTHER

15. MAIDEN NAME Henrietta J. Hutton

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

17. INFORMANT Miss Eugenia Woolford

(Address) 3700 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 1/24 1936

19. UNDERTAKER Kenney & Means and Bar

(Address) 805 N. Calvert Street

20. FILED ..... 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1936 to Jan 21 1936

I last saw h alive on Jan 21 1936. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Calc Endocarditis	?

Other contributory causes of importance:

Acute Bronchitis

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jefferson Brooks M. D.

(Address) 5- Club Road Balto. Md.

ARH

19929 ✓ F 19929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2276 E North Ave St., 9-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie H. Huddleston

If U. S. Veteran specify WAR .....

(a) Residence: No. 2276 E North Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard Huddleston

6. DATE OF BIRTH (month, day, year) July 25-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	5	2728	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John A Dietrich

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Anna Hartle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Richard Huddleston

(Address) 2276 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Lee Ferns Date Jan 27 1936

19. UNDERTAKER John Ulrich

(Address) 2118 Arlington Ave

20. FILED ..... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4 1935 to Jan 27 1936

I last saw h[illegible] alive on Jan. 24 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB.	[illegible]

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Chest X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Hunsicker M. D.

(Address) 2579 Eutaw Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#1667 ✓ F 19930 145-a-707a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 76-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thelma Cawley

(a) Residence: No. 3723 Gough St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Cawley

c. DATE OF BIRTH (month, day, year) 9-2-12

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4 3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Sulkirk Hopkins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Edna Eckland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Jan 24 '36

19. UNDERTAKER Wm Oliver & Son
(Address) 211 E Lanvale

20. FILED ..... 19 ..... Registrar

RPP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from JAN 12 1936 to JAN 21 1936

I last saw her alive on JAN. 21 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyogenic Sepsis	1/12
Bronchopneumonia	1/18

Other contributory causes of importance:

Pregnancy - Term	
& Campus	prev

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Eugene Sterling M. D.

(Address) East Baltimore Hospital

OCCUPATION is very important. See instructions on back of certificate.

(Morey)

F 19931

19931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 7<3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Morey

(a) Residence: No. 722 N. Duncan St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Morey

6. DATE OF BIRTH (month, day, year) 3-7-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	56	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Joseph Morey

14. BIRTHPLACE (city or town) Bohemia (State or country)

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) Bohemia (State or country)

17. INFORMANT Records of Balto. City Hospt. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cemetery Md Date Jan 24, 1936

19. UNDERTAKER Frank Groh & Son (Address) 1906 Ashland ave

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1936 to 1-22, 1936

I last saw him alive on 1-22, 1936 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Diabetic Coma	1-13-36
Diabetic Gangrene Left Leg	1-13-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-21-36

For what disease or injury? Diabetic Gangrene

Name of operation Mid-thigh amputation Left Date of 1-21-36

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

SCH

F 19932

19932 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-a

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 17 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Harris — If U. S. Veteran specify WAR .....

(a) Residence: No. 1414 Argyle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 1876 (1881)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48 60			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Va

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown Va

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert Barksdale
(Address) 1414 Argyle

18. BURIAL, CREMATION, OR REMOVAL
Place South Boston Va Date 1/23 19 36

19. UNDERTAKER Wm H Jackson
(Address) 1216 Pierce

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1935 to 1-18 1936

I last saw h[illegible] alive on 1-18 1936. Death is said to have occurred on the date stated above, at 6.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Thyroid	
Caused goiter	
with Dilatation of Heart	
Other contributory causes of importance:	
Post-operative Shock	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Thyroidectomy Date of 1-18

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B Harris M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

✓ F 19933

19933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4939 Reisterstown Road 27-18 Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Augusta S. Kluth

(a) Residence: No. 4939 Reisterstown Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of William Kluth

6. DATE OF BIRTH (month, day, year) Mar 4 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Walther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bosse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry W. Kluth

(Address) 4105 Groveland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Jan 24 1936

19. UNDERTAKER Harry N. Armacost & Son

(Address) 4204 Ridgewood Ave.

20. FILED ..... 19..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1936 to Jan. 22 1936

I last saw her alive on Jan 22 1936 Death is said to have occurred on the date stated above, at 1130 a.m.

The principal cause of death and related causes of importance were as follows:

Gangrene of right foot. Fungus ulcers of both legs (chronic) — Date of onset: Jan 10 1936

Other contributory causes of importance: Senile Arteriosclerosis — Date of onset: 1930

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James S. Aschenbrenner M. D.

(Address) Balto - Md

#612 Chelsea Heights Ave

M. D. B. 1268-9

19934

F 19934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Arundel Hotel

CITY OF BALTIMORE: (No. Charles & Mt. Royal St., 11-N Ward) 163

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Don A. Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. Avalon, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys J. Stewart

6. DATE OF BIRTH (month, day, year) April 12, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dodge Chem. Co

10. Date deceased last worked at this occupation (month and year) Jan. 20, 1936

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Detroit Mich.

FATHER

13. NAME Robert Stewart

14. BIRTHPLACE (city or town) (State or country) Detroit Mich

MOTHER

15. MAIDEN NAME Mary Turner

16. BIRTHPLACE (city or town) (State or country) Detroit Mich.

17. INFORMANT Gladys J. Stewart

(Address) Avalon, Md. Talbott Co

18. BURIAL, CREMATION, REMOVAL

Place Loudon Park Date Jan. 24 1936

19. UNDERTAKER The John M. Gruber Co

(Address) 201 N. Howard St

Filed ..... 19 ..... Registrar.

JAN 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1936.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyanide Poisoning	

Other contributory causes of importance: Insanity

Was an operation performed? ..... Date of .....

For what disease or injury .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/20 1936

Where did injury occur? Arundel Hotel

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Orin B. Wallace M. D.

Coroner

(Address) 1031 St. Paul St.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

1935

HEALTH DEPARTMENT—CITY OF BALTIMORE 1935

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 E. Hamburg St. 24-3 Ward)

Length of residence in city or town where death occurred 8 yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Niroda

(a) Residence: No. 102 E. Hamburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 26, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	8	3	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Niroda

14. BIRTHPLACE (city or town) (State or country) Russia (U. S. S. R.)

MOTHER

15. MAIDEN NAME Helen Wroblewski

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Helen Niroda
(Address) 102 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Jan. 24 1936

19. UNDERTAKER A. Howard Evans (C. E.)
(Address) 400-02 E. Chas. St.

20. FILED ..... 19 ..... Registrar

OKM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/22 1936 to 1/23 1936

I last saw h~~im~~ alive on 1/22 1936 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/21

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Edw. Lynch M. D.

(Address) 710 Light St.

OCCUPATION is very important. See instructions on back of certificate.

V S 2

F 19336

F 19336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Owens

(a) Residence: No. St. Mary's Industrial School St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1 - 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles A Owens

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Beulah Bullen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles A Owens

(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md Date Jan 23 1936

19. UNDERTAKER B L Watkins

(Address) Annapolis Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1936, to Jan. 23, 1936

I last saw him alive on Jan. 23 1936 Death is said to have occurred on the date stated above, at 6 30 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset .....

Other contributory causes of importance:

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt. J. Healy, M. D.

(Address) St. Agnes Hosp.

state CAUSE OF DEATH in plain terms. Indefinite and OCCUPATION is very important. See instructions on back of certificate.

V S 3

MAR 4 1936

F 19937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter J. Sturgeon — If U. S. Veteran specify WAR .....

(a) Residence: No. 35-5 N. Jefferson St., Ward Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Anna

6. DATE OF BIRTH (month, day, year) 3/5/61

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Wm Sturgeon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Kinsenden

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date Jan 24 . 1936

19. UNDERTAKER Harry H. Wilske
(Address) 1101 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 . 1935 to Jan 23 . 1936
I last saw him alive on Jan 23 . 1936 Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Emphysema	1-13
Empyema, left pleural cavity	1-20
Myocardial Insufficiency	1-21

Other contributory causes of importance:

Carcinoma of Penis	April 1935
Benign Prostatic Hypertrophy	1935

Was an operation performed? Yes Date of (1) 12-27-35 (2) 1-10-36

For what disease or injury? Carcinoma of Penis, Benign Prostatic Hypertrophy

Name of operation (1) Amputation Penis (2) Prostatectomy Date (1) 12-27-35 (2) 1-10-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wesley J. Keller, M. D.
(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms. DISEASES peculiar to OCCUPATION is very important. See instructions on back of certificate.

F 19938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19938

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Appleton St., 16-4 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Tillie Carrick

(a) Residence: No. 1001 Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~husband~~ (or) WIFE of Louis E. Carrick

6. DATE OF BIRTH (month, day, year) Nov 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME Philip Kuckbarth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Louis E. Carrick
(Address) 1001 Appleton St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 25 1936

19. UNDERTAKER Wm Bork
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15. 1933. to Jan. 23. 1936

I last saw her alive on Jan 17. 1936 Death is said to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	1/23/36
Hypertension	1923
Other contributory causes of importance:	
Arteriosclerosis	1929
Cerebral hemorrhage	1932

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bartus I. Baggott M. D.

(Address) 2229 Eutaw Place.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V S 2

F 19939 F 19939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3525 Newland Rd St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Ernst Antone Waddington

(a) Residence: No. 3525 Newland Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Waddington

6. DATE OF BIRTH (month, day, year) Dec 10, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0045

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Salem New Jersey.

FATHER

13. NAME Joshua Waddington

14. BIRTHPLACE (city or town) (State or country) Salem N.J.

MOTHER

15. MAIDEN NAME Mary Hitchen

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Mrs D. H. Waddington

(Address) 3525 Newland Road

18. BURIAL, CREMATION, OR REMOVAL

Place Friends (Harford Rd) Date Jan 27th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4 1935 to Jan 23 1936

I last saw h alive on Jan 23 1936 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1935 ?
Other contributory causes of importance: Gastric hemorrhage	1/23/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis W. Gluck M. D.

(Address) Gilman Apts.

V S 3

OCCUPATION is very important. See instructions on back of certificate.

F 19940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19940

CERTIFICATE OF DEATH ✓ + 122-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Mr Peter Derr

(a) Residence: No. Edgewood Rd Pikesville, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ida Derr

6. DATE OF BIRTH (month, day, year) March 21, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0940

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone Quarry

10. Date deceased last worked at this occupation (month and year) Jan 15 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ida F. Derr
(Address) Woodlawn Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Jan 25th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to Jan 23, 1936

I last saw h/ alive on Jan 23, 1936 Death is said to have occurred on the date stated above, at 1.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Shock	Jan 23, 1936

Other contributory causes of importance:

Carcinoma Intestinal Obstruction ?

Was an operation performed? Yes Date of Jan 23

For what disease or injury? Laparotomy for Intestinal Obstruction

Name of operation Obstruction Date of

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C N Payton M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 19941

F 19941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-4-E-82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Gragert

(a) Residence: No. 728 W. Lexington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) ? Jany 21. 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not any

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winfield Carter N.C.

FATHER

13. NAME Winfield Carter

14. BIRTHPLACE (city or town) (State or country) N.C?

MOTHER

15. MAIDEN NAME Julia Woodhall

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT (Address) Johns Hopkins Hospital records

18. BURIAL, CREMATION, OR REMOVAL

Place Fayetteville N.C. Jany 25. 1936

19. UNDERTAKER John A. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Nervous System Syphilis	

Other contributory causes of importance:

Post dural Hemorrhage

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Reuben M.D. Coroner, M. D.

(Address) 1919 E. North Ave.

Exact statement of information should be given, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V 56

Division 850 11.36. 930 F 19942

F 19942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Callow Ave 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? 32 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Louis Appleton

(a) Residence: No. 2424 Callow Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fanny Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor - Ret.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own shop

10. Date deceased last worked at this occupation (month and year) 0050

11. Total time (years) spent in this occupation Hoyrs

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Ephraim

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Aaron S. Appleton

(Address)

18. BURIAL, CREMATION, OR REMOVAL Lebanon Memorial Gdns Date 1/24/36 19

19. UNDERTAKER Jack Levy Inc 1439 E. Balto St.

(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1936, to Jan. 24, 1936

I last saw him alive on Jan-24, 1936. Death is said to have occurred on the date stated above, at 4 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/23/36
Other contributory causes of importance: Cerebral arteriosclerosis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Dr Herman Sidell M. D.

(Address) 2424 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

F 19943

Levin

F 19943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5-1 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Levin

(a) Residence No. 1206 E. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Levin

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Date 1/24/36

19. UNDERTAKER Jos. Levi & Son Inc

(Address) 1435 E. Balto St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1934 to Jan 23 1936

I last saw h[illegible] alive on Jan 23 1936 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency — Date of onset
Arteriosclerosis, Hypertension
Cardiac Hypertrophy Dilatation
Chronic Nephritis

Other contributory causes of importance:

Bronchial Pneumonia
Chronic Nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph B. Levy M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19944

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 17-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth White

(a) Residence: No. 724 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Joe White

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 1/24 36 19

19. UNDERTAKER Wm. H. Jackson
(Address) 916 Penna Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-20- 1936 to 1-22 1936

I last saw her alive on 1-22 1936. Death is said to have occurred on the date stated above, at 8 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-17-36
(Grippe)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R B Jaey M. D.

(Address) Baltimore City Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 19945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19945

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals "J" Div. Registered No. V. 23

CITY OF BALTIMORE: (No. ..... St., 3 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James Young

(a) Residence: No. 1711 Fulmam St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 29, 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Young

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Ellen Braxton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 26, 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1935 to Jan. 22, 1936

I last saw him alive on Jan 22, 1936 Death is said to have occurred on the date stated above, at 3 45 m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Arthur Kaufman M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 19946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19946

53-2

Registered No. 16-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Whittemore St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Stewart Warfield

If U. S. Veteran specify WAR ...

(a) Residence: No. 812 Whittemore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Apl 3 - 1863

7. AGE: Years 72 | Months 9 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: John Warfield

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary E. Stewart

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Leon Warfield

(Address) 812 Whittemore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan 24 1936

19. UNDERTAKER: W. Frederick Inc

(Address) Woodberry

20. FILED: JAN 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934 to Jan 22, 1936

I last saw her alive on Jan 22, 1936 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	1934

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 6-1934

For what disease or injury? Cancer

Name of operation Pan-hysterectomy Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Elmer G. Todd M. D.

(Address) 735 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

19947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19947

CERTIFICATE OF DEATH

19-4 106-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred ..... yrs. Once mos. & ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances C. Wilson

(a) Residence: No. 502 South Gilmore St, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23rd, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER FATHER

13. NAME John A. Wilson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER

15. MAIDEN NAME Alice McGraw

16. BIRTHPLACE (city or town) (State or country) Baltimore Md,

17. INFORMANT John A. Wilson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date 1/24 1936
Undertaker Geo. A. Farley
Address Fulton & Fayette

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22nd 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above, 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	Jan. 22 1936
Peritonitis	

Other contributory causes of importance:
Acute bronchitis

Was an operation performed? No, Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner
(Address) 1939 Edmondson Ave,

Information should be carefully supplied. Age should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V 56

F 19948 ✓ F 19948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Windsor Ave Ward 54)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Frankenberger

(a) Residence: No. 2214 Windsor Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Frankenberger

6. DATE OF BIRTH (month, day, year) Nov 30, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Parks City Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Unknown Frankenberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ella Miller

(Address) 2219 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Jan 24th 1936

19. UNDERTAKER Geo Schilling & Sons

(Address) 1124-1126 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1935 to Jan 22 1936

I last saw him alive on Jan 22 1936 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	4 yrs
Pneumonia	4 days
Myocarditis	4 yrs
Other contributory causes of importance:	
Chr Interstitial Nephritis	4 yrs

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None Date of .....

What test confirmed diagnosis? Unknown Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos J a Stevens M. D.

(Address) 2878 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19949 ✓ F 19949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 4-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peyton H. Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. 650 West Fairmount Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Wilson

6. DATE OF BIRTH (month, day, year) ? 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 8040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Wilson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Maria Alexander

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Sophia Wilson
(Address) 919 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 1/24/ 1936

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1·21 1936

22. I HEREBY CERTIFY, That I attended deceased from 1·6 1936 to 1·21 1936

I last saw him alive on 1·21 1936. Death is said to have occurred on the date stated above, at 9:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute congestive heart failure	1·20·36
Hypertensive cardio renal disease	1933

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) H. L. Jackson, M. D.

(Address) 660 N. Arlington Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19950 ✓ F 19950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH Maryland General Hospital Registered No. 27-6-

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 55 yrs. ..... mos. ..... ds.

2. FULL NAME John Nickel (JOHN NICKEL) If U. S. Veteran specify WAR .....

(a) Residence: No. 5820 Halwyn Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Nickel

6. DATE OF BIRTH (month, day, year) Apr. 13. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired dead

10. Date deceased last worked at this occupation (month, year) Jan. 1920

11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Nickel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Lauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margt. Lehtonen (Daughter)
(Address) 5820 Halwyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Most Holy Redeemer Cem. Jan. 25, 1936
Place Date

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry F. Sander
(Address) Baltimore & Broadway.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1936, to Jan 23 1936.

I last saw him alive on Jan 22 1936. Death is said to have occurred on the date stated above, at 6:18 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-10-36
Other contributory causes of importance:	
Lung occurred [illegible]	[illegible] 36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emil Novak M. D.

(Address) Md Gen Hospital

State CAUSE OF DEATH in plain terms. So that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 9 5

19951 F 19951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick C. Smith

(a) Residence: No. Brooklyn Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Smith

6. DATE OF BIRTH (month, day, year) July 10.1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yard

10. Date deceased last worked at this occupation (month and year) March 34

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Raymond Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Magdalena Appel

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Sophie Smith (Wife)

(Address) Furness Branch Brooklin Md.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Carmel Cemetery Date Jan. 27. 1936

19. UNDERTAKER HENRY SANDER & SONS. INC. Harry F. Sander

(Address) Baltimore & Broadway.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/1/36. 19 . to 1/23/36. 19

I last saw him alive on 1/23/36. 19 . Death is said to have occurred on the date stated above, at 7 45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Empyema Pneumococcic — Date of onset

Bronchopneumonia

Tuberculosis Pulmonary

Other contributory causes of importance:

Was an operation performed? Yes. Date of 8/19/30.

For what disease or injury? Empyema

Name of operation Thoracotomy Date of 1

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Harvey Allen, M.D.

(Address) ~~Brooklyn Md.~~ Union Hospital

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F.D. # 19952

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19952

CERTIFICATE OF DEATH

92-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 N. Glover St. 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JANE HAMILTON WILKINSON

(a) Residence: No. 200 N. Glover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Wilkinson

6. DATE OF BIRTH (month, day, year) Feb. 27. 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fredericksburg (State or country) Virginia

FATHER

13. NAME James Chiveral

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Eloise L. Webster (niece)
(Address) 200 N. Glover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Jan. 25. 1938

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1937 to Jan 22, 1938

I last saw her alive on Jan 21, 1938 Death is said to have occurred on the date stated above, at 5.25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	1934
Exhaustion	

Other contributory causes of importance: Arteriosclerosis 1936

Name of operation Left Breast Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Collier M. D.

(Address) 4607 York Road

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 19953 ✓ F 19953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 70-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Nugent

If U. S. Veteran specify WAR

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sewyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Edward Nugent

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Jamie McFallaney.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.

(Address) 1200 Valley Street, city

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 24 1936

19. UNDERTAKER Rita Wuddeld

(Address) 917 Gramm Ave

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 23 January 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1935 to Jan 23 1936

I last saw him alive on Jan 23 1936. Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	?

Other contributory causes of importance:

Hypertens Sclerosis	?
Hypertension	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. M. C. Carter M. D.

(Address) 1114 Cathedral

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19954 ✓ F 19954

3087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catharine E Kelly

(a) Residence: No. Coventon ave St., ... Ward. Fullerton md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-10-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	10 22	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Newton Kelly

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary Biebl

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Loretto family Bl. Hinds Date Jan 25 1936

19. UNDERTAKER Frederick Lasselle & Son

(Address) 1401 Belair Rd

20. FILED ..... 19 ..... Registrar.

AUG 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) JAN - 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1936 to Jan 23 1936

last saw her alive on Jan 23 1936 Death is said to have occurred on the date stated above, at 8.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-12-36.
Dilatation. Acute Medic.	1-15-36.
Other contributory causes of importance:	
Septicemia	1-23-36

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Martha K. Reese, M. D.

(Address) 424 E N H

state CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether disease or OCCUPATION is very important. See instructions on back of certificate.

11701 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19955 F 19955

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-3 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Purnell

(a) Residence: No. 504 Clagett Alley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of June

6. DATE OF BIRTH (month, day, year) 2-20-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pkr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dele Taylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital records
(Address) 1

18. BURIAL, CREMATION, OR REMOVAL
Place Plainfield N. J. Date 1-26-36

19. UNDERTAKER Barnard P. Dempsey
(Address) 818 Druid Hill Ave

20. FILED ..... 19 ..... Registrar

Lopes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/14 1936 to 1/21 1936

I last saw him alive on 1/21 1936 Death is said to have occurred on the date stated above, at 4p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6 mo.
Hypertensive Cardiovascular disease	>

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Peete M. D.

(Address) Baltimore City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

19956

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19956

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William A Wade

(a) Residence: No. 1100 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Lizzie Wade

6. DATE OF BIRTH (month, day, year) April 27-1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer pkg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultry business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wesson Wade

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anne Jennett

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Florence Burch

(Address) Salem N J.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Bal 1-25 1936

19. UNDERTAKER George T.H. Gibson

(Address) 1733-7 Druid Hill Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1936 to Jan 22 1936

I last saw him alive on Jan 22 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	Jan 19 1936

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Oldham M. D.
Coroner

(Address) 50 Wisconsin

OCCUPATION is very important. See instructions on back of certificate.

F 19357

308563

19357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1.5 53c

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1.5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred —yrs. —mos. 11 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. .... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie W. Fertig

(a) Residence: No. R. F. D. 1 St., ... Ward. Keyser W. Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claude

6. DATE OF BIRTH (month, day, year) 11-20-96

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	39	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1 Time

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME James Peters

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Sadie Doman

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmont W. Va Date Jany 26 1936

19. UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

NRM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from JAN - 13, 1936 to JAN - 24, 1936

I last saw her alive on JAN - 24, 1936. Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	Nov '35

Other contributory causes of importance:

Chronic sinusitis

Was an operation performed? Yes Date of 1/22/36

For what disease or injury?

Name of operation Left craniotomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin S. Stauffer M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 19958 ✓ F 19836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH "Wh" "23"

1. PLACE OF DEATH Baltimore City Hospitals "Wh Div" Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) 19-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mattie Williams

(a) Residence: No. 7 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): Separated

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Colie Williams.

6. DATE OF BIRTH (month, day, year): Oct. 3, 1912

7. AGE: Years 23 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER
13. NAME: James Bradley
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: (?) Taylor
16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT (Address): Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Jan 27, 1936

19. UNDERTAKER (Address): Mrs Katie R. Williams 322 N Schroeder St.

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1935 to Jan. 22, 1936
I last saw her alive on Jan. 22, 1936 Death is said to have occurred on the date stated above, at 4 20 m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1933

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlain M. D.
(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 19959

19959

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 46 S. Pulaski St. St., 20-4 Ward)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace S. Wilhelm.

(a) Residence: No. 46 S. Pulaski St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Wilhelm.

6. DATE OF BIRTH (month, day, year) Jan. 17 1878.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Beckett.
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles Wilhelm.
(Address) 46 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date Jan. 25 1936

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Jan 31, 1936

I last saw h[illegible] alive on Jan 30, 1936, death is said to have occurred on the date stated above, at 11 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis	2 days

Other contributory causes of importance:

Uremia	2 days

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 226 [illegible]

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 1268-9

F 19960

F 19960 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 W. Preston St., Ward) 11

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MICHAEL F. BANAGHAN

(a) Residence: No. 126 West Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Delia Banaghan

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building 0016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Owen Banaghan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Delia Banaghan
(Address) 126 West Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Jan. 27, 1936

19. UNDERTAKER Smith Fraser & Son
(Address) 1111 Mt. Royal Ave

20. FILED _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1935 to Jan 23, 1936.

I last saw him alive on Jan 23, 1936 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Sclerosis	
Myocarditis	Dec 1935
Cardiac Insufficiency	Dec

Other contributory causes of importance:

Mitral Valvular Lesion	Jan 5.

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carey B Gamble M. D.

(Address) Thanington Apts

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19961

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19961

CERTIFICATE OF DEATH ✓ 50

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., Ward) 20-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cecelia Schuehler

(a) Residence: No. 3500 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of William Schuehler

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Andrew Schalitzky

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Wiesmeier

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Fr. Schuehler
(Address) 3500 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Date Jan. 27, 1936

19. UNDERTAKER Martin A. Fitzgerald
(Address) 1800 W. North Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1936 to Jan. 23, 1936

I last saw her alive on Jan. 23, 1936. Death is said to have occurred on the date stated above, at 9 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CANCER BREAST	1-10-36
Other contributory causes of importance: Radical Mastectomy followed by Streptococcus Infection of wound	1-16-36

Was an operation performed? yes Date of 1-15-36

For what disease or injury? Cancer breast

Name of operation Radical Mastectomy Date of 1-15-36

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Lewis B Whitney M. D.
(Address) St Agnes Hosp

NOTE—Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Schalter)

F 19962

19962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V-93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 10-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Schaalter

If U. S. Veteran specify WAR

(a) Residence: No. 2619 Lehman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: For Fem

4. Color or Race: Wht

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jacob Schaalter

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 76; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Charles Schalter

(Address) 2534 Watkins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Cem. Date Jan 25 1936

19. UNDERTAKER: Charles M. Fitz

(Address) 3104 Frederick Ave

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1936 to 1-22 1936

I last saw her alive on 1-22 1936 Death is said to have occurred on the date stated above, at 10:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	
Cancer of Liver	
Congestive failure	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. Lee W. Faw M. D.

(Address) University Hospital

Information should be carefully supplied. Entries must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 19963

19963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-B

1. PLACE OF DEATH St Agnes' Hospital 26-4

CITY OF BALTIMORE: (No. Wilkens & Caton St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fred Stumpf

(a) Residence: No. 703 Catan ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) Louise Stumpf

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosiery Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Louise Stumpf

(Address) 703 Catan Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 25 1936

19. UNDERTAKER Charles M Gill

(Address) 2129 Frederick Ave

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from December 5 1935 to Jan. 23 1936

I last saw him alive on Jan. 23. 1936 Death is said to have occurred on the date stated above, at 4½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1-10-36
Other contributory causes of importance:	
1st Laparotomy 2nd Secondary Closure	1-9-36
	1-16-36

Was an operation performed? Yes Date of 1-9-36 & 1-16-36

For what disease or injury? Adhesions and Secondary closure

Name of operation Adhesions Lysed & Secondary Closure Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~~Accident~~ Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James B Whitney M. D.

(Address) St Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Stec.—2-29-28—L. F. S.—500 Bks.

F 19964

19964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 11-a

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1340 Whatcoat ST., 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Francis Hill

(a) RESIDENCE NO. 1340 Whatcoat ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Mary~~ minna Hill

6 DATE OF BIRTH (month, day, and year) Oct 3, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work musician Playing b

(b) General nature of industry, business, or establishment in which employed (or employer) different places of

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert F. Hill, Sr

11 BIRTHPLACE OF FATHER (city or town) Harford Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Briscoe

13 BIRTHPLACE OF MOTHER (city or town) St Marys Co.
(State or country) Maryland

14 Informant Annie Hill
(Address) 1341 N. Carey St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-36

17 I HEREBY CERTIFY, That I attended deceased from 1-15-, 1936, to 1-24-, 1936 that I last saw h living alive on 1-23-, 1936 and that death occurred, on the date stated above, at 8 15 a m.

The CAUSE OF DEATH* was as follows:

influenza

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. F. Camper, M. D.

, 19 (Address) 639 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters

DATE OF BURIAL Jan 27th 1936

UNDERTAKER Thomas E. Wilson

ADDRESS Towson

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 19965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 70-12 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin F. McCoy

(a) Residence: No. Baltimore City Hospital St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 3-12-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Covington, Ga.

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Mary E. Davis

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT (Address) Hospital records

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet - D. C. Date 1/25, 1936

19. UNDERTAKER (Address) J. O. Mitchell Sons 1900 Eutaw place.

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19 to 1/23, 1936.

I last saw him alive on 1/23, 1936. Death is said to have occurred on the date stated above, at 5-30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 day
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Ritter M. D.

(Address) Balt City Hosp

Exact statement of information should be carefully supplied. Any answer that it may be properly classified. state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

F 19966

11793

F 19966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Wilkens

(a) Residence: No. 703 S. Ellwood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Wilkens

6. DATE OF BIRTH (month, day, year) 6-16-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not employed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pelair S.C.

FATHER

13. NAME Detrick Wilkens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Recherat

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemt Date Jan - 20 1936

19. UNDERTAKER George W. Zirkler

(Address) 1734 E Eager St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1936 to 1-22 1936

I last saw him alive on 1-22 1936 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Heart Disease	?
Auricular Fibrillatica	1 wk.
Strangulated Inguinal Hernia Rt.	3 days

Other contributory causes of importance:

Was an operation performed? yes Date of 1-19-36

For what disease or injury? Strangulated Inc. Hernia

Name of operation Herniaplasty Rt Date of 1-19-36

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

19967 F 19967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-5 49-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S. Patterson Park Ave. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME KATHERINE W. FRIESE

(a) Residence: No. 218 S. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) March 3. 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Corsettier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Friese

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Stein

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Louise Friese (Sister)
(Address) 218 S. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cem. Date Jan. 25. 1936
Place

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander
(Address) Baltimore & Broadway.

20. FILED [illegible] Registrar.

JAN 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1935 to Jan. 22 1936

I last saw her alive on Jan. 22 1936 Death is said to have occurred on the date stated above, at 5.00PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pelvis (Bilateral)	1930

Other contributory causes of importance:

Name of operation Resection Malignant Cancer Date of Aug 1930

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry B. Thay M. D.

(Address) 2504 St. Paul St.

Information should be carefully supplied. Any omission or error may be properly classified. Exact statement of the CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 19968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 16-7 Ward)

Registered No. F 19968

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Evelyn Robertson

If U. S. Veteran specify WAR

(a) Residence: No. 2914 Wilbert Driveway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 18 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sell.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Bibblehauser

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Rupert

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT H. L. Robertson Md.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 25 1936

19. UNDERTAKER Towell & Byrne Inc

(Address) 1017 W Cross St

Filed Attention for Williams, M.D. Registrar

JAN 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21- 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-28-35 19.., to 1-21- 1936

I last saw her alive on 1-21- 1936. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Part. Spurious peritonitis	8d
Heart failure	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-9-36

For what disease or injury? Fibroid of uterus

Name of operation Supravaginal Hysterectomy Date of 1-9-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Jameson M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 19969

19969 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 18

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St., 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR None

2. FULL NAME John Johnson

(a) Residence: No. 305 S. Bond Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 or 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) ~~1-13-36~~

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place University Cem Date Jan 25 1936

19. UNDERTAKER F. W. Brazenbaki
(Address) 1930 Eastern Ave

(Signed) Hunter for Hunter, Register.

JAN 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1936 to January 24, 1936

I last saw him alive on January 24, 1936. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal fever, meningitis, epidemic	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. B. N. ..... M. D.

(Address) U.S. Marine Hospital

Information should be complete in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in very important. See instructions on back of certificate. OCCUPATION

M. D. B. 1268-9

✓ F 19970

F 19970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH: Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St., 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew E. Huster

(a) Residence: No. 1336 McHenry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE: Frederika C. Huster

6. DATE OF BIRTH (month, day, year): Dec 12 - 1870

7. AGE: Years: 65; Months: 1; Days: 11; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as nurse, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

FATHER

13. NAME: Andrew Huster

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Elizabeth Filbiger

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Frederika C. Huster

(Address) 1336 McHenry

18. BURIAL, CREMATION, OR REMOVAL: Place Western Date Jan. 22 1936

19. UNDERTAKER: Frederick A. Orr

(Address) 1100 W. Lombard St

... Registrar

N 41936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/23/36 11:50 AM

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Hypostatic pneumonia - following a Fracture of Rt Humerus (as a result) following injury	

Other contributory causes of importance: Fract Rt Humerus

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Acc Date of injury 1/23 1936

Where did injury occur? Pratt & Carey Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Street

Manner of injury: Struck by auto while crossing street after falling

Nature of injury: Fall

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Bruckner (Auto) M. D.

Coroner

(Address) 907 N. Charles

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19971

CERTIFICATE OF DEATH

X V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Perry Bateman

If U. S. Veteran specify WAR .....

(a) Residence: No. Poe's Beach. (Usual place of abode) Md. Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Bateman

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Rotley Bateman.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine Cable.

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Grace Bateman

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Woodside Md. Date 1/24 19 36

19. UNDERTAKER Hewitt & Thom

(Address) Ballto, Md.

20. FILED ~~JAN 24 1936~~ Thursday for Hinkle, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-6-36, 19 , to 1-23-36 19

I last saw him alive on 1-23, 1936. Death is said to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	1-19-36
Pulmonary tuberculosis	?
Carcinoma.	
Bacterial Endocarditis	?

Other contributory causes of importance:

Extrapleural thoracoplasty

Was an operation performed? Yes. Date of 1-8-36

For what disease or injury? Tuberculosis

Name of operation Extrapleural thoracoplasty Date of 1-8-36

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward Colton M. D.

(Address) University Hospital

information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19972

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N. Bentalou St. Ward) 15-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Rosenberg

If U. S. Veteran specify WAR ..... No

(a) Residence: No. 1705 St. Bentalou St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Feb 1 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Rosenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Wolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sol Davis

(Address) 1705 N Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place Orchard Church Cemetery Date Jan 26 1936

19. UNDERTAKER J. Aug. Lee & Son

(Address) Jan 23 Reisterstown Rd

Filed JAN 24 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1935 to Jan. 23, 1936

I last saw h.im. alive on Jan. 19, 1936. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelogenous Leukemia	(a) 4 mos ago

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Blood Picture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. A. Swoman M. D.

(Address) 2340 Entaw Place

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 24 1936

F 13973

19973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Gila John B. Nelson

If U. S. Veteran specify WAR

(a) Residence: No. Freeland, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John B. Nelson.

6. DATE OF BIRTH (month, day, year) Oct 8, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62.	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Md.

FATHER

13. NAME John Parish

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amanda Hampshire

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Pvt. Wm. Weinstumer
(Address) Freeland, Md.

18. BURIAL, CREMATION, OR REMOVAL Balto Co. Md.
Middletown, M. E. Date Jan 27, 1936

19. UNDERTAKER Paul Hartenstein
(Address) New Freedom, Pa.

20. FILED JAN 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17th, 1936, to Jan. 24, 1936.

I last saw her alive on Jan. 22d, 1936. Death is said to have occurred on the date stated above, at 10 58 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (left)	1/14/36.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard W. Lotz M. D.

(Address) Union Memorial Hosp.

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19974

F 19974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Spring

(a) Residence: No. Delight, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Oct. 4, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Spring

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Goldsmith

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. P. L. Banfield
(Address) Edgemore, Wash. D. C.

18. BURIAL, CREMATION, OR REMOVAL
St. John's Cem. Waverly Date 1/27/36. 19

19. UNDERTAKER C. W. Mears & Son
(Address) 805 N. Calvert St.

20. FILED ... 19— Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of neck of Left Femur	

Other contributory causes of importance:
Bronchio-pneumonia

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/21, 1936

Where did injury occur? Delight Md - at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall off chair

Nature of injury Fracture - neck of Left Femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Emil Rheuler, M. D.
Coroner

(Address) 1917 E. North Ave.

V56

JAN 27 1936

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19975

92-a

9-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Montpelier St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 11 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John M. Gassman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1426 Montpelier St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel A. Bosman Gassman

6. DATE OF BIRTH (month, day, year) Feb. 23, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Street ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Celanese Balto City

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John J. Gassman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kate Kramm

16. BIRTHPLACE (city or town) (State or country) Kate Kramm

17. INFORMANT Daughter
(Address) 1426 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date Jan 25, 1936

19. UNDERTAKER Edmund W. Conklin
(Address) 924 E. Eager St.

20. FILED JAN 24 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-19-, 1936 to 1-23-, 1936

I last saw him alive on 1-23-, 1936 Death is said to have occurred on the date stated above, at 7:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown
Chronic Endocarditis	

Other contributory causes of importance:

Senility

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. B. Lybert M. D.

(Address) 2807 Harford Ave

information should be carefully supplied. AGE should be stated EXACTLY. If UNKNOWN, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Charles Purnell

(a) Residence: No. 504 Lake St Salisbury Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 15, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) Jan Feb 1936

11. Total time (years) spent in this occupation 3 Mo.

12. BIRTHPLACE (city or town) (State or country) White Haven, Md.

FATHER

13. NAME William Purnell

14. BIRTHPLACE (city or town) (State or country) White Haven Maryland

MOTHER

15. MAIDEN NAME Harriet Nichols

16. BIRTHPLACE (city or town) (State or country) Mary Lands

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Date Jan 24 1936

19. UNDERTAKER Mrs C. B. Messick Sons

(Address) Berlin Md

20. FILED JAN 24 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1936 to Jan 23, 1936

I last saw him alive on Jan 23, 1936 Death is said to have occurred on the date stated above, at 4 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	Jan 18 36

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Francis D Schwentker M. D.

(Address) Sydenham Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. Where exact information cannot be obtained, approximate as nearly as possible. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 24 1936

M. D. F 1268-9

F 19977

19977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Chesapeake Paperboard Co. 24-3 194-13

CITY OF BALTIMORE: (No. Woodall & B. & O. R. R. tracks. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ---- mos. ---- da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Sherbert.

(a) Residence: No. 114 E. Birckhead St. St., Ward. No War Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 22, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

FATHER

13. NAME Richard Sherbert.

14. BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

MOTHER

15. MAIDEN NAME Rose Bailey.

16. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

17. INFORMANT Charles E. Stewart. (uncle)
(Address) 24 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 27th 1936

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 3.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
suffocation.	
Accidently stibbed into coal running through chute.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/23/36 19...

Where did injury occur? Chesapeake Paperboard Co
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury stibbed into chute

Nature of injury suffocation

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify.

(Signed) Otto Reinhardt M. D.
Coroner
1/24/36 (Address) 1017 N. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19978

19978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 St Paul's University Parkway St.) (Ward) 14

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

If U. S. Vet. specify War No Record

2. FULL NAME Elizabeth Kennedy

(a) Residence: No. 224 Dewing Rd. St. Ward.
(Usual place of abode) Marion, Penna. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Dublin, Ireland
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Miss Sara J. Lyles
(Address) 422 St Paul's Pkwy

18. BURIAL, CREMATION, OR REMOVAL
Cemetery or Crematory
Place Phila Pa Date Jan 25 1936

19. UNDERTAKER Wm Cook
(Address) 127 St Paul St

20. FILED Huntingdon Williamsport Pa Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1936

22. I HEREBY CERTIFY, That I last viewed the remains of the above named deceased on ... and that I have ... thereon and from the evidence obtained by said ... Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/23/36
Cerebral Hemorrhage (Apoplexy)	

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edw Didsbury M. D.
Coroner

(Address) Coroner

M. D.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 25 1936

M. D. P. 1268-9

F 19979

19979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5719 Rusk ave St. 27-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Hughes

U. S. Veteran

(a) Residence: No. 5719 Rusk ave St. Ward. Specify War No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (of) WIFE of Wm C. Hughes

6. DATE OF BIRTH (month, day, year) May 2 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME ? Staub

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ? Hiber

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Oliver C. Hughes

(Address) 1912 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen (Chase Md. Jan 26 19

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED JAN 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1935 to Jan 22 1936

I last saw her alive on Jan 22 1936 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	?
Chr. Myocarditis	?

Other contributory causes of importance:

Acute Cardiac Dilitation Jan 22

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Glassman M. D.

(Address) 753 W. Fayette St

Information should be carefully supplied. Age should be stated EXACTLY. Prefixes should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 19980

19980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 W. Franklin St. 11-3 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Brugel

(a) Residence: No. 210 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

No War Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Ludwig Brugel

6. DATE OF BIRTH (month, day, year) About 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) J. Britain Winter 2 E Lexington St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 25th 36

19. UNDERTAKER (Address) Mrs Cook 1217 St. Paul St

20. FILED JAN 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from December 23 1935 to January 23 1936

I last saw her alive on January 22 1936 Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Jan 17

Other contributory causes of importance:

Chronic tabular Heart Disease

Fracture right Femur — Dec 25 35

Name of operation — Date of

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec. 25, 1935

Where did injury occur? Street Balto. City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 210 W. Franklti St Public Place

Manner of injury Fell on Ice

Nature of injury Fracture R. Femur

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) C. K. E. B. C. Helm, Coroner M. D.

(Address) 1717 E. Lexington St.

F 19981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 19981

53-E

1. PLACE OF DEATH University Hospital 9-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Clark

If U. S. Vet. specify WAR No Record

(a) Residence: No. 508 E. 36th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 18th 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year) Nov 1935

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John H. Clark

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Florence Trenchard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Marion Clark Rhein

(Address) 508 E. 36th St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 25th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1936, to Jan. 22 1936

I last saw him alive on Jan. 22 1936 Death is said to have occurred on the date stated above, at 11:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	Unknown
Cachexia	

Other contributory causes of importance:

Pathological Fracture R.T. Humerus. 1st Lumbar Vertebra

Was an operation performed? yes Date of Sept. 25

For what disease or injury? Biopsy of Glands.

Nature of operation ..... Date of .....

What test confirmed diagnosis Obvious Was there an autopsy? yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles L. Goodhand, M. D.

(Address) University Hospital, City.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S. Public Health Service

AKH

M. D. B 1268-9

(Gaines) F 19982

19982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 7-5-59 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Gaines Jr. If U. S. Veteran specify WAR.....

(a) Residence: No. 627 N. Dallas St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newport News Va.

FATHER

13. NAME Robert Gaines sr.

14. BIRTHPLACE (city or town) (State or country) Charles City Va.

MOTHER

15. MAIDEN NAME Sarah Venable

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Ernest Venable

(Address) New York City

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date Jan. 26, 1936

19. UNDERTAKER Harry Thomas & Co. Inc.

(Address) 1218 McCulloh St.

20. FILED Jan. 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Diabetic Coma

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Ehrenfeld, M. D. Coroner

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AN 29 1936

V 13383

19983 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Provident Hospital St. Ward) 27 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Taylor

(a) Residence: No. 709 Schwartz Lane St. Ward City Towson, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Joseph W. Taylor

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte Co., Virginia

FATHER

13. NAME Andrew Bradley

14. BIRTHPLACE (city or town) (State or country) Charlotte Co. Va.

MOTHER

15. MAIDEN NAME Harriet

16. BIRTHPLACE (city or town) (State or country) Charlotte Co, Va.

17. INFORMANT Joseph W. Taylor

(Address) 709 Schwartz Lane Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Hebron Date Jan. 25th 36

19. UNDERTAKER B. Frank Mamie W. Wright

(Address) 218 McCulloh St

20. FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1.23 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 12.31 , 1935 to 1.23 , 1936

I last saw her alive on 1.23 , 1936 Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1.18.36
Hypertensive cardio renal disease	12.1.34
Other contributory causes of importance: Arteriosclerosis	4 yrs ago

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) H. Pierce , M. D.

(Address) 600 N. Arlington

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 25 1936

19984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1209 N. Washington St., 8-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Emrich
If U. S. Veteran specify WAR
(a) Residence: No. 1209 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Caroline Emrich

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	76	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Mr. Emrich.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Catherine Gerhardt.
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Helen C. Emrich
(Address) 1209 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Jan. 27 1936

19. UNDERTAKER Henry Hoen & Son Inc
(Address) 301 E. Eager St

20. [illegible] 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1933 to Jan. 23 1936
I last saw h~~im~~ alive on Jan. 23 1936 Death is said to have occurred on the date stated above, at 5-55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular, renal Disease	5 years ago
Other contributory causes of importance: Apoplexy	1/23/36

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Vincent D. Foska M. D.
(Address) 845 N. Patterson Pk Ave

Y. B.—WRITE PLAINLY, with pen and ink. Use typewriter if possible. Fill in all items. Be sure that all information is supplied. AGE should be carefully supplied. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 27 1936

19985 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 19985

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Harford Apt. O-1 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Buechner

If U. S. Veteran specify WAR .....

(a) Residence: No. 1214 Harford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John A. Buechner

6. DATE OF BIRTH (month, day, year) November 25 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 1000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Pinar

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Kaster.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Elizabeth Buechner
(Address) 1214 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Redeemer Cem. Date Jan. 27, 1936

19. UNDERTAKER Henry Hood (Sons, Inc.
(Address) 1331 E. Eager St.

20. FILED JAN 25 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to January 24, 1936

I last saw h... alive on January 24, 1936 Death is said to have occurred on the date stated above, at 9.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	mo. ...
	...
Other contributory causes of importance: General Arteriosclerosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Francis J. Ayd M. D.

(Address) 2006 E. Monument St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

19986 E 19986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Baltimore Brick Co. Plant Monument St., 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Armstrong If U. S. Veteran specify WAR .....

(a) Residence: No. 1630 Mulliken St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jennie Steven Armstrong

6. DATE OF BIRTH (month, day, year) Oct 16 / 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick yard Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Buckingham Co. Virginia

FATHER

13. NAME William Henry

14. BIRTHPLACE (city or town) (State or country) Middleska Virginia

MOTHER

15. MAIDEN NAME Mary Eliza Harris

16. BIRTHPLACE (city or town) (State or country) Buckingham Virginia

17. INFORMANT Lawrence Armstrong Brother

(Address) 604 N. Eutaw St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 26 1936

19. UNDERTAKER Edw Burton & Son

(Address) .....

20. FILED Jan 28 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Coronary embolism

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. M. Wright Coroner, M. D.

(Address) 1515 S. Gilmor St

N. B.—WRITE PLAINLY, WITH INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 27 1936

inquest

19987 ✓ F 19987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
CITY OF BALTIMORE: (No. ..... St., 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Earby Woodall — If U. S. Veteran specify WAR .....

(a) Residence: No. 2512 Barclay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Sept. 7, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jas. Woodall

14. BIRTHPLACE (city or town) (State or country) Liverpool England

MOTHER

15. MAIDEN NAME Mary E. Rathee

16. BIRTHPLACE (city or town) (State or country) Leesburg Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 25 36

19. UNDERTAKER Wm. Pickles & Sons
(Address) North & Paca Sts.

20. FILED JAN 25 1936 Registrar # 11 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/13/, 1935, to 1/24/, 1936

I last saw him alive on 1/23/, 1936. Death is said to have occurred on the date stated above, at 12^10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Liver	6/13/35
Other contributory causes of importance: Myocardial failure	1/17/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Everett H. Wood M. D.

(Address) Md. Gen. Hospital

N. B.—WRITE PLAINLY with pen and ink. Use no abbreviations. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19988 ✓ F 19988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 St Paul St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ella Jones

If U. S. Veteran specify WAR

(a) Residence: No. 2633 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Robert Lee Jones

6. DATE OF BIRTH (month, day, year): About 64 Years

7. AGE: Years 64 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Joseph Morton

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Alice Bullard

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Alice Lee Jones

(Address): Round Bay

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Cem Date: Jan 25 1936

19. UNDERTAKER: Wm Rogers Sons

(Address): Park & Penna

20. FILED: Jan 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23 1936

22. I HEREBY CERTIFY, That I attended deceased from August 22 1935 to Jan 23 1936

I last saw her alive on January 23 1936 Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular Disease (mitral regurgitation)	?
Other contributory causes of importance:	
Cardiac Decompensation	Jan 16 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M Gittle M. D.

(Address) 2431 Maryland Ave

N. B.—WRITE PLAINLY with pen and ink. All items must be supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 27 1936

M. D. B. 1268-9

✓ F 19989

HEALTH DEPARTMENT—CITY OF BALTIMORE

19989

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Clifton Ave St., 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Catherine Mack

(a) Residence: No. 2107 Clifton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Mack

6. DATE OF BIRTH (month, day, year) Feb. 11 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Wiegand

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaretta Wiegand

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Frank Mack

(Address) 2107 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place W.V.C. Date Jan 25, 1936

19. UNDERTAKER Wm. J. Fickenscher & Son

(Address) 1700 Eutaw Place

20. FILED JAN 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Attorney or Inquest) find that said deceased came to death on the day stated above. 8-9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Carcinosis	
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Hamman, M. D. Coroner

(Address) 12 E. Hamilton

N. B.—WRITE PLAINLY. Above information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

V

E 49990

HEALTH DEPARTMENT—CITY OF BALTIMORE

19990

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1714 Clarkson st. St., 23-3 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Banner

(a) Residence: No. 1714 Clarkson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John C. Banner

6. DATE OF BIRTH (month, day, year) Oct. 12 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John C. Bradler

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary A. Hofnagel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Hartline (sister)
(Address) 1714 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Jan. 27 1936

19. UNDERTAKER J. Few McCully
(Address) 135 S. Port Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1935 to Jan. 24 1936

I last saw her alive on Jan. 23 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis indefinite	
Exhaustion	1/22/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased? No If so, specify

1/24/36 (Signed) R. L. Compton M. D.
(Address) 1644 Hanover St

A. B.—Write information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 19991

U. P. B. 1268-9

F 19991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Portugal St., 2-1 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 42 yrs. ... mos. ... ds.

2. FULL NAME Bronislawa Mucha

If U. S. Veteran specify WAR .....

(a) Residence: No. 2021 Portugal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Mucha

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none - housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Radomilly Russian Poland

FATHER

13. NAME Jan Kwiecz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Zofia (?)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Mucha
(Address) 2021 Portugal St

18. BURIAL, CREMATION, OR REMOVAL
Place H. Hamilans Cem. Date Jan 27th 1936

19. UNDERTAKER George A. Weber
(Address) 701 Lanvale St

20. FILED Jan 27 1936 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	
Probably acute dilatation	

Other contributory causes of importance: .....

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1215 S. Edwards

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

JAN 27 1936

M. D. B 1268-9

F 19992

19992 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 21-1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Brandt

If U. S. Veteran specify WAR

(a) Residence: No. 1041 W. Barre St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

6. DATE OF BIRTH (month, day, year) Aug 27 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph Kiel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Brunyer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Beth Kiel 1705 Lawrence St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 27th. 1936

Geo. M. Frank & Son

19. UNDERTAKER (Address) Geo. M. Frank & Son. 811 N. Eutaw St.

20. FILED JAN 27 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1010 S. Ellwood Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 19993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19993

186-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 mos. de. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Gardner

(a) Residence: No. 560 Oxford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Bate Emergency Relief

(Address) 1309 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1-25 1936

19. UNDERTAKER Mrs Geo H. Holland

(Address) 1611 Pennsylvania Ave

Hamilton or Walbrook

FILED JAN 25 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1936 to 1-24 1936

I last saw him alive on 1-24 1936 Death is said to have occurred on the date stated above, at 8:1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	1-24-36
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-24 1936

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell down one flight of stairs

Manner of injury Fractured Skull

Nature of injury injury accident

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L. Allen M. D.
(Address) 1 E Arlington

Aug 6

M. D. B 1268-9

19994 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 19994

CERTIFICATE OF DEATH

178-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Myrtle ave St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul M. Carter

If U. S Veteran specify WAR .....

(a) Residence: No. 1304 Myrtle ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Cal. | 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christy Carter

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) St Marys Co Md
(State or country)

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) " "
(State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) " "
(State or country)

17. INFORMANT Annie Draper
(Address) 1214 Stockton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 1/25 1936

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Pennsylvania ave

20. FILED JAN 25 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Attorney or Inquiry, thereon and from the evidence obtained by said Inquest, Attorney or Inquiry I find that ... came to death on the day stated January 19 1936

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis, Illuminating gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 17 1936

Where did injury occur? Balto City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell to floor from bed

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Okaun, M. D.
Coroner

(Address) 115 Hanover

I. E.—WRITE PLAINLY with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

19995 ✓ F 19995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Kildaire Dr. 27-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Joseph Crowley

(a) Residence: No. 2712 Kildaire Dr. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn V. Crowley

6. DATE OF BIRTH (month, day, year) Jan 1, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Typewriter Co.

10. Date deceased last worked at this occupation (month and year) 1/23/36

11. Total time (years) spent in this occupation 16 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Samuel Crowley.

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lena Krentzer

16. BIRTHPLACE (city or town) (State or country) Balto., Md. ?

17. INFORMANT (Address) Evelyn Crowley 2712 Kildaire Dr.

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date 1/27/36

19. UNDERTAKER (Address) Geo. D. Webb Son 1735 West Lafayette Ave.

20. FILED JAN 25 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935 to Jan 23, 1936

I last saw him alive on Jan 19, 1936 Death is said to have occurred on the date stated above, at 11:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	7/3/35
Other contributory causes of importance:	
Ac. Cardiac Dilatation	1/23/36

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. D. Sybert M. D.

(Address) 2802 Harford Ave

V. S. 21

N. B.—WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. information should be in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

19996 V E 19996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-5 - 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 N. Caroline Street St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Fischer

(a) Residence: No. 1823 N. Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2nd, 1869.

7. AGE Years	Months	Days	If LESS than 1 day, # hrs. or min.
66	11	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Vaeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John J. Kerchner
(Address) 1823 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A. A. Date Jan. 27, 1936

19. UNDERTAKER George J. Kuth, Inc.
(Address) 1735 Harford Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:
Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1914 E. North Ave.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Moskell

V F 19997

19997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 S. Curley St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Moskell.

(a) Residence: No. 905 S. Curley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John D. Moskell.

6. DATE OF BIRTH (month, day, year) Feb 21 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home.

10. Date deceased last worked at this occupation (month and year) Jan 1927

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jacob Lutz

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Annie Unfon

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Jacob Moskell
(Address) 905 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 1/27 36 19

19. UNDERTAKER John J. Linda
(Address) 208 Hudson St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1936 to Jan 24 1936

I last saw her alive on Jan 23 1936. Death is said to have occurred on the date stated above, at 12 25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	1926
Apoplexy	1926
Uremia	1-22-36
Myocardial Failure	1-24-36
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) E. A. Schumacher M. D.

(Address) 8925 East Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

JAN 25 1936

AACo 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 19998

CERTIFICATE OF DEATH

F 19998

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp 21-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 9 mos. 10 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Margaret Lutz

(a) Residence: No. 1219 Cleveland St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Lutz

6. DATE OF BIRTH (month, day, year) April 13, 1876.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME William T. Lewis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Personett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William T. Lutz
(Address) 1219 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Jan. 27, 1936

19. UNDERTAKER Stuart S. White
(Address) 4101 Edmondson Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1936, to Jan 23, 1936 last saw her alive on Jan 23, 1936 death is said to have occurred on the date stated above, at 9:45 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumonia - lobar	Jan 7, 36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) M. Theodore Boss, M. D.

(Address) Franklin Square Hospital

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 29 1936

M. D. D. 1268-9

F 19999

19999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-6

93-E

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3166 Wilkins Ave St., 20-6 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Madaline A. Ramming

(a) Residence: No. 3166 Wilkins Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert A. Ramming

6. DATE OF BIRTH (month, day, year) Oct. 16th 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.,

FATHER

13. NAME William Laib

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.,

MOTHER

15. MAIDEN NAME Augusta Dehne

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.,

17. INFORMANT Robert A. Ramming (Address) 3166 Wilkins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Funeral Home, Date Jan 17. 1936

19. UNDERTAKER Harry H. Lutzke (Address) 4104 Edmondson Ave

20. FILED _____ 19 _____ Registrar

JAN 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23 1936, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Jan 23rd
Coronary Thrombosis.	Sudden

Other contributory causes of importance:

Mild mycarditis one yrar

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B 1268-9

F 20000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH BenSecour Hospital

CITY OF BALTIMORE: (No. ..... St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Danial J. Sheehan If U. S. Veteran specify WAR .....

(a) Residence: No. 256 North Hilton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Sheehan

6. DATE OF BIRTH (month, day, year) June 9th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Dennis Sheehan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER

15. MAIDEN NAME Mary Ann Doherty

16. BIRTHPLACE (city or town) (State or country) Baltimore Md,

17. INFORMANT Mrs. Mary Sheehan
(Address) 256 North Hilton

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral, Date Jan. 27, 1936

19. UNDERTAKER George L. Schwab
(Address) 2101 Frederick ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23rd 36. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above, 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	One day
Right side,	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H Phillips M. D.
(Address) 1939 Edmondson Ave, Catonsville

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 25 1936

F 20001 F. 20001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Claude Needham (Rachel Claude Needham) U. S. Veteran specify WAR

(a) Residence: No. Annapolis, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of HUSBAND of Ralph C. Needham

6. DATE OF BIRTH (month, day, year) February 5, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME Washington C. Claude

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

MOTHER

15. MAIDEN NAME Fannie P. Wilkinson

16. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

17. INFORMANT Mr. Ralph C. Needham

(Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis, Md. Date Jan. 25 1936

19. UNDERTAKER Fred H Cook

(Address) 1003 W. Baltimore St.

20. FILED JAN 25 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-3-, 1936 to 1-25, 1936

I last saw her alive on 1-25, 1936. Death is said to have occurred on the date stated above, at 1:34 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic + aspiration pneumonia	1-12-36
Other contributory causes of importance: Alcoholic dementia	Dec 35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Lester W. Farr, M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY. IN ITEMS 7 AND 20 USE FIGURES FOR DAY OF MONTH. Every item must be answered. Information should be carefully supplied. In item 19 should be stated EXACTLY what disposition is to be made of body. In item 21 state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See back of certificate.

JAN 25 1936

P.M.

F 20002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20002

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 W University Parkway St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lula Roena Gaines

If U. S. Veteran specify WAR .....

(a) Residence: No. 839 W. University Parkway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Merrill C. Gaines

6. DATE OF BIRTH (month, day, year) April 5th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Houston Co. Virginia

FATHER

13. NAME Joshua W. Roane

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Etta B. Newbill

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Albert H. Dudley

(Address) 839 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Jan 27th 1936

19. UNDERTAKER Parkhurst & Co

(Address) 2334 N. Charles St.

FILED JAN 28 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from November 1935 to January 25th 1936

I last saw her alive on January 24th 1936. Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Ovary	May 1935

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical & Laboratory of ascitic fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wm. Dabney M. D.

(Address) Ruxton, Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. & B. Form 1

F 20003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 N. Pulaski St., 15-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Dora Yetta Goldstein

(a) Residence: No. 1529 N. Pulaski St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Levi Washington Ref Date 1/26/36 19

19. UNDERTAKER Sol Levi Levy

(Address) 1439 E. Baltimore St

20. FILED _____ 19 _____ By _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26/36 . 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (I) find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day and year stated above, at Forest Park Ave 10-a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 ____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [illegible] M. D.

Coroner

(Address) 1200 Hanover St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-a

F 20004

F 20004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Hanover St. St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 10 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Plitt.

(a) Residence: No. 1028 Hanover St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August Plitt.

6. DATE OF BIRTH (month, day, year): Feb 27/1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore.

FATHER

13. NAME: Henry Hennegan

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Mary Hunt.

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Caroline Hesse

(Address): 1028 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan 27 1936

19. UNDERTAKER: E. Schloman & Son

(Address): 1039 Hanover st

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1936 to Jan. 25, 1936

I last saw her alive on Jan. 24. 1936 Death is said to have occurred on the date stated above, at 3.30 m A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension arterio-sclerosis (cerebral hemorrhage)	Jan. 17, 1936
Other contributory causes of importance: Broncho-pneumonia	2 days

Name of operation - - - Date of - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-122[illegible] Hanover St.

1/25/36

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 26 1936

F 20005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20005

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Lanvale St. St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah A. King

If U. S. Veteran specify WAR

(a) Residence: No. 310 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. King

6. DATE OF BIRTH (month, day, year) Nov. 25, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

FATHER

13. NAME James Biden

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane E. Elkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Maud E. King

(Address) 3205 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemy. 1/27/36 19

19. UNDERTAKER John O. Studefelt Sons

(Address) 1900 Eutaw Place.

JAN 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1931 to Jan. 24 1936

I last saw her alive on Jan. 24 1936 Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset: 4 da
Nephritis
Arteriosclerosis & Hypertension
10 years duration

Other contributory causes of importance:

Apoplexy (1935)
Chronic Alcoholism.

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) N. G. Nessle, M. D.

(Address) 2347 W. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20006

F 20006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length nf residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Regina Baker

If U. S. Veteran specify WAR .....

(a) Residence: No. 2614 East Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE nf —

6. DATE OF BIRTH (month, day, year) June 9 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry C. Baker

14. BIRTHPLACE (city or town) (State or country) S. Maple Md.

MOTHER

15. MAIDEN NAME Barbara E. Flaherty

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Henry C. Baker

(Address) 2614 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cmty Date Jan. 28 19 36

19. UNDERTAKER Henry Brack Sons Inc

(Address) 1201 E Eager St

20. FILED ..... 19 ..... Registrar.

JAN 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25 1936

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1936 to January 25, 1936

I last saw her alive on January 25, 1936. Death is said to have occurred on the date stated above, at 12 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis,	
2. Intestinal obstruction	
Other contributory causes of importance:	

Was an operation performed? yes Date of 1-14-36

For what disease or injury? Appendicitis

Name of operation appendectomy Date of 1-14-36

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature nf injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If [illegible] specify

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20007

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 46-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2/12 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mrs Kenneth F. Conroy

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1947 W. Lafayette Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of —— (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) Mar 17th 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Daniel Conroy

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Quinn

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Gertrude Fauth

(Address) 1947 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 27th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED JAN 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1936 to Jan 24 1936

I last saw h[illegible] alive on Jan 24 1936 Death is said to have occurred on the date stated above, at 9:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Jan 24
Chr Hypertension	1926
Other contributory causes of importance:	
Chr Fibrosis Myocardium	1926
Chr Mitral Regurgitation	1926

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury .... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of Injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? If so, specify ....

(Signed) Chas J. Beaulieu M. D.

(Address) 3013 St Paul St 1/24/36

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

F 20008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20008

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joan Elizabeth Bryant

If U. S. Veteran specify WAR

(a) Residence: No. 514 E. 27th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME William Bryant

14. BIRTHPLACE (city or town) Laurel (State or country) Md.

MOTHER

15. MAIDEN NAME Lillian Dixon

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT William Bryant

(Address) 514 E 27th St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jan 27th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia (primary)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright Coroner, M. D.

(Address) 1019 S. Edwards St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 29 1936

M. D. P. 1938-9

F 20009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20009

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Pennsylvania Ave Ward 17th)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Sansone

(a) Residence: No. 923 Pennsylvania Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Stella Sansone

6. DATE OF BIRTH (month, day, year) about 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	71			
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Sept 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Angelo Sansone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Frances (Unknown)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Nicholas Bova
(Address) 923 Penna. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 28th 36

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935 to Jan 24th, 1936

I last saw him alive on Jan 20th 1936 Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1 Hypertension July 1928
Mitral stenosis
Cardiac decompensation

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph V. Castagna M. D.

(Address) 104 W. Madison St

V. S. 8—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20010 ✓ F 20010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 N. Bond St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Francis Harrington

If U. S. Veteran specify WAR .....

(a) Residence: No. 530 N. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Harrington

6. DATE OF BIRTH (month, day, year) ? 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Bardie Adams

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME — Christen

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Nathaniel Harrington

(Address) 530 N. Bond

18. BURIAL, CREMATION, OR REMOVAL

Place Hamlet N.C. Date Jan 30

19. UNDERTAKER Boyd Funeral Home

(Address) 15 S. Eutaw St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-19 1933 to 1-24 1936

I last saw her alive on 1-22 1936 Death is said to have occurred on the date stated above, at 4:30 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix (uteri)	2/35
Other contributory causes of importance:	
Nephrosclerosis	1933
Arterio-sclerosis	1933

Was an operation performed? NO Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? clinical there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Rayner Browne M. D.

(Address) 1500 E. Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 29 1936

F 20011 ✓ F 20011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Ocala ave St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Le Baner

If U. S. Veteran specify WAR .....

(a) Residence: No. 2300 Ocala ave St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hyman

6. DATE OF BIRTH (month, day, year) ——— 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel J. Elliott

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rena

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lillian S. Schwartzman

(Address) 2300 Ocala ave

18. BURIAL, CREMATION, OR REMOVAL

Pleasant View Date 1/27/36

19. UNDERTAKER Jos. Lewis Sons

(Address) 1439 E. Baltimore St

20. FILED ..... 19.. Registrar

JAN 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1931, to 1/25, 1936

I last saw her alive on 1/25, 1936 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

Other contributory causes of importance:

Chronic Myocarditis Arteriosclerosis negative

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? negative Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **Industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) David Braudin M. D.

(Address) 122 W Lee St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. F 20012

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 S. Clinton St., 76-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John William Hogan

If U. S. Veteran specify WAR

(a) Residence: No. 339 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia Loretta

6. DATE OF BIRTH (month, day, year) Dec 10 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stoking engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candler Bldg. 10-3

10. Date deceased last worked at this occupation (month and year) April 24.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Kilarney Ireland

MOTHER

15. MAIDEN NAME Elizabeth Portner

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary Hogan (daughter)
(Address) 339 S. Clinton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cemetery Date May 27 1935

19. UNDERTAKER Lilly & Feiler Inc
(Address) 403 S. Wolfe St

20. FILED ... 19 ... Registrar

JAN 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Probably Coronary embolism

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. W. Rogers M. D. Coroner

(Address) 1015 S. Ellwood Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20013 ✓ F 20013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 93-c

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Agnes Hospital 25-1 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Schonhart U.S.S.R.
If U. S. Veteran specify WAR .....
(a) Residence: No. Ilchester Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Dec. 28. 1870
7. AGE: 65 Years | Months 4 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clergyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Church
10. Date deceased last worked at this occupation (month and year): Sept.
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Buffalo, N.Y.

FATHER
13. NAME: Andrew Schonhart
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Apprlonia Schonhart
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Peter J. Nusstein
(Address) Ilchester, Md.
18. BURIAL, CREMATION, OR REMOVAL: St Marys College Date: Jan. 27. 1936
19. UNDERTAKER: Easton Bros
(Address) Ellicott City
20. FILED: JAN 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 24. 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct. 1935 to Jan 24 1936
I last saw him alive on Jan 24 1936 Death is said to have occurred on the date stated above, at 11:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis & hypertension	Yrs.
Ch. myocarditis	5
cerebral hemorrhage	1 Day

Other contributory causes of importance:

Was an operation performed? no Date of ✓
For what disease or injury? ✓
Name of operation ✓ Date of
What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19...
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. T. Lyser M. D.
(Address) 3321 Falls Road Ave.

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20014 ✓ F 20014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 4404 Carlview Road St. 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Bianca M. Crook — If U. S. Veteran specify WAR .....

(a) Residence: No. 4404 Carlview Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Francis M. Crook

6. DATE OF BIRTH (month, day, year) Sept. 8. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Christian Mahler

14. BIRTHPLACE (city or town) (State or country): -------- Germany

MOTHER

15. MAIDEN NAME: Elise Warneke

16. BIRTHPLACE (city or town) (State or country): -------- Germany

17. INFORMANT: Walter G. Crook

(Address): 4404 Carlview Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date: 1/27 19 36

19. UNDERTAKER: Henry A. Myers Son

(Address): 22 E. Lafayette Ave

20. FILED JAN 28 1936 Registrar

Printing for Will

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24 , 1936

22. I HEREBY CERTIFY, That I attended deceased from December 22 1935 to January 24 1936

I last saw her alive on January 22, 1936. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	
Other contributory causes of importance: Phlebitis R Leg & Lung	Dec 1935

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Walter Lee Forman M. D.

(Address) 20 E. Preston St

N. B.—WRITE PLAINLY, WITH CARBON INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 20015

F 20015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 21 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Benjamin G. Harris (HARRIS) If U. S. Veteran specify WAR .....

(a) Residence: No. 1704 North Calvert St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Eloise Harris

6. DATE OF BIRTH (month, day, year) June 4, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Manager, American

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agr. & Chemical Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6086

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Benjamin F. Harris

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lenora Rainier

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Eloise S. Harris

(Address) 1704 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan. 28/36

19. UNDERTAKER Henry W. Meyer & Son

(Address) 805 N. Calvert St.

20. FILED JAN 27 1936 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1936, to January 26, 1936

I last saw him alive on January 26, 1936. Death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma lung (rt.)	
2. Visceral metastases	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20016 F 20016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Kenneth Fowlkes

If U. S. Veteran specify WAR

(a) Residence: No. 4 Main St Turners Station Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Cecil Fowlkes.

6. DATE OF BIRTH (month, day, year) Oct 3rd 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25	26	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill

10. Date deceased last worked at this occupation (month and year) 1.19.36

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thornton Fowlkes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maggie Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Cecil Fowlkes

(Address) Main St. Turners Sta

18. BURIAL, CREMATION, OR REMOVAL

Place Reynolds Va Date Jan. 28 1936

19. UNDERTAKER Archibald S. Gaddis

(Address) 2151 McCulloh St

20. FILED JAN 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1.24 1936

22. I HEREBY CERTIFY, That I attended deceased from 1.20 1936 to 1.24 1936

I last saw him alive on 1.24 1936 Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1.21.36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) H. L. Jackson M. D.

(Address) 640 N. Arlington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20017

F 20017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6600 Old Harford Road, 24-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Unknown mos. da. How long in U. S. If of foreign birth? Unknown

2. FULL NAME Anna H. Stumpfner — ☐ U. S. Veteran, specify WAR

(a) Residence: No. 6600 Old Harford Road. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Stumpfner

6. DATE OF BIRTH (month, day, year) Aug. 24th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT George Stumpfner

(Address) 6600 Old Harford Road

18. BURIAL, CREMATION OR REMOVAL St. Matthews Cem. Date Jan 28 36

19. UNDERTAKER Frederick Loeffler Funeral Home

(Address) 7401 Belair Road

20. FILED JAN 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1936, to Jan 25, 1936

I last saw h[illegible] alive on Jan 24 1936. Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	5 yrs
myocardial insuff.	1 day
Other contributory causes of importance:	
arterio sclerosis	10 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 722 W. Lexington St.

N. B.—WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

AaCo. 5-31 250B

F 20018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20018

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sqr. Hospital. Registered No. #6347

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-1 Ward)

Length of residence in city or town where death occurred yrs 20 mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Alexander Brady

(a) Residence: No. 15 W Hill St St., ? Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) ~~WIFE~~ of Mattie Brady

6. DATE OF BIRTH (month, day, year) Jan 15-1888

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Longshore 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) MC

FATHER

13. NAME John Brady

14. BIRTHPLACE (city or town) (State or country) MC

MOTHER

15. MAIDEN NAME Martha Saunders

16. BIRTHPLACE (city or town) (State or country) MC

17. INFORMANT Mattie Brady
(Address) 15 W Hill St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/27/36 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) Montgomery St

20. FILED ..... 19.....
Registrar.

JAN 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20. 1936, to Jan 23. 1936

I last saw him alive on Jan 23. 1936 death is said to have occurred on the date stated above, at 1.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis with Uremia,	?

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. F. Battaglia M. D.

(Address) Franklin Sqr. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. D. 12694 20019 F 20019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbur S. Watson

If U. S. Veteran specify WAR

(a) Residence: No. 407 Harse St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha E Watson

6. DATE OF BIRTH (month, day, year) Aug 27 - 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME William Lewis Watson

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

MOTHER

15. MAIDEN NAME Virginia Miles

16. BIRTHPLACE (city or town) (State or country) Princess Anne Co. Md.

17. INFORMANT Mrs Martha Watson

(Address) 407 Harse St

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Cmty Date Jan 27 1936

19. UNDERTAKER Adolphus Halstead

(Address) 2152 Pennsylvania Ave

20. FILED Jan 27 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy, Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 1.40 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Coroner, M. D.

(Address) 1215 Hanover

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 27 1936

M. D. B 1268-9

20020

HEALTH DEPARTMENT—CITY OF BALTIMORE

20020

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Mc Cauley

If U. S. Veteran specify WAR .....

(a) Residence: No. 704 Pierce St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Samuel

6. DATE OF BIRTH (month, day, year): April ? 1859

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Geo. W. Carrick

(Address) 556 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan 27 1936

19. UNDERTAKER: Mrs. John N. Teufel & Son

(Address) 30 N. Fayette St

20. FILED: ..... Registrar

JAN 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (pelvic)	

Other contributory causes of importance: metastases in Umbilical hernia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. W. Wright Coroner M. D.

(Address) 1015 S. Edward Ave

N.B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH [illegible] HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Sharp — If U. S. Veteran specify WAR

(a) Residence: No. Sparrows Pt — St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/12/36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			14 hrs.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ferdinand Sharp

14. BIRTHPLACE (city or town) (State or country) MD

MOTHER

15. MAIDEN NAME Ella Louise Young

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Brands

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 1/27/ 1936

19. UNDERTAKER Frances A Hemsley

(Address) 516 W. Biddle St.

20. FILED [illegible] (Registrar)

JAN 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1936 to Jan 24 1936

I last saw her alive on Jan 24 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atresia of duodenum	1-12-36
Vomiting	
Malnutrition	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-20-36

For what disease or injury? Congenital atresia

Name of operation Laparotomy Date of 1-20-36

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Martha K. Lease, M. D.

(Address) [illegible]

N. B.—The following information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-6

F 20022

F 20022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Foster (ERNEST FOSTER)

(a) Residence: No. Mount Hope Retreat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mollie Foster

6. DATE OF BIRTH (month, day, year): December 12 1856

7. AGE: Years 79 | Months 1 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General 0040

10. Date deceased last worked at this occupation (month and year): Mar. 1896

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Foster

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ~~Foster~~ Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: Mary E. Simmons

(Address) Fullerton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Carmel Cem. Date: Jan. 27. 1936

19. UNDERTAKER: HENRY SANDER & SONS. INC. Henry P. Sander

(Address) Baltimore & Broadway.

20. FILED 19 ~~[illegible]~~ Registrar

JAN 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/25 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1928 to Jan 25 1936

I last saw her alive on Jan 25 1936 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epileptic Convulsions	?
Acute Myocardial Weak	1/23/36
Arteris-Sclerosis	?
Other contributory causes of importance:	
Dementia Precox	42 yrs.

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Damian P. Agnew M. D.

(Address) 3316 Fredrick Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. No. F 20023

F 20023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

N. B.—WRITE PLAINLY, WITH INKPADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 239 South Stricker St., 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 16 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Thomas Follmer

If U. S. Veteran specify WAR X

(a) Residence: No. 239 South Stricker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9th. 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimire, Md,

FATHER

13. NAME Henry G. Follmer

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Daisy Simmons

16. BIRTHPLACE (city or town) (State or country) Cambridge Md,

17. INFORMANT Henry G. Follmer

(Address) 239 S Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Jan 27 1936

19. UNDERTAKER Fell & E M Walter

(Address) 11 E Pratt & Stricker Sts

20. FILED Jan 27 1936 Registrar

JAN 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25th. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above, 8.A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Jan. 24 1936

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Phillips M. D.

(Address) 1939 Edmondson Ave

F 20024

F 20024 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hosp. (St.) 15-6 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mr. William H. Schildwachter

If U. S. Veteran specify WAR .....

(a) Residence: No. 3024 Walbrook Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 21, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	3	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Herman Schildwachter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Klinger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Miss Henrietta Schildwachter 3024 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 28, 1936

19. UNDERTAKER Wm J. Tschan & Son (Address) 1 N. Eutaw & Mtn. Ave. Huntington Millbrae, Md.

JAN 27 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-19-36, 19... to 1-24-36, 19...

I last saw h[illegible] alive on 1-24-36, 19... Death is said to have occurred on the date stated above, at 10 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertension	
Subarachnoid Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Milton Levin M. D.

(Address) 1534 W. Lafayette

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20025

F 20025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Cedarbrook ~~Hospital~~

CITY OF BALTIMORE: (No. 114 E. Melrose Ave St.) 27-12 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edwin A. Gorsuch

If U. S. Veteran specify WAR .....

(a) Residence: No. 114 E. Melrose ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) the late Catharine S. Gorsuch

6. DATE OF BIRTH (month, day, year) Feb. 16-1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90 91	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co.

FATHER

13. NAME Thomas Gorsuch

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hannah J. Onion

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Oliver S. Anderson

(Address) 114 E. Melrose ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Jan 28 1936

19. UNDERTAKER Clarence I. Cattus For Mckim

(Address) Huntington Pikesville

20. FILED JAN 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26-36 , 19

22. I HEREBY CERTIFY, That I attended deceased from 12-2-35 , 19 to 1-26-36 , 19

I last saw him alive on 1-25-36 , 19 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomache	
Diagnosed 12-2-35	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas Ritchie M. D.

(Address) 910 N Fulton Ave

Dr Jno I Ritchie 900 N Fulton Ave Le 1240 Ja 1628

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20026

F 20026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 214 Upnor Rd (St.) 27-12 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Spence

If U. S. Veteran specify WAR .....

(a) Residence: No. 214 Upnor Rd 2976 Hereford St Ward Jackson Hill

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Morland Spence

6. DATE OF BIRTH (month, day, year) Apr. 6, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Shields England.

FATHER

13. NAME John Hosten Spence

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Corder

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. John M. Spence Jr.

(Address) 214 Upnor Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 28 1936

19. UNDERTAKER Wm. H. Tucker & Sons

(Address) North & Pa Aves

20. FILED JAN 27 1936, 19 ..... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1936, to Jan 26, 1936

last saw h. alive on Jan 25, 1935. Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis, acute.	1/21/36
Myocardial insufficiency.	

Other contributory causes of importance:

Bronchopneumonia.

Prostatic hypertrophy, Carcinoma Prostate

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. H. Timbermander, M. D.

(Address) 1114 St. Paul St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20027

F 20027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 E. University Pkwy. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Cleaver

If U. S. Veteran specify WAR .....

(a) Residence: No. 330 E. University Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edgar Howard Cleaver

6. DATE OF BIRTH (month, day, year) Sept. 23, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

FATHER

13. NAME William Adams

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Eden

16. BIRTHPLACE (city or town) (State or country) Isle of Malta English Possession

17. INFORMANT (Address) Mrs. J. T. Gillelan 226 Homewood Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jan. 29, 1936

19. UNDERTAKER (Address) Wm. J. Dickerson Sons Huntington Ave

FILED JAN 27 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 1931. to Jan 26 1936

I last saw h[er] alive on Jan. 25, 1936. Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast	1931
Other contributory causes of importance:	
exhaustion Coma	1936

Was an operation performed? Yes Date of 1933

For what disease or injury? Carcinoma breast

Name of operation Compensation breast Date of 1933

What test confirmed diagnosis? Clinic - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury - 19 .....

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John S. Bishop M. D.

(Address) 122-25th St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20028

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 E. Fayette St. 4th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 15 yrs. ..... mos. ..... ds.

2. FULL NAME Thelma Ostrander

If U. S. Veteran specify WAR .....

(a) Residence: No. 1807 E. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 003

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Ostrander

(Address) 1807 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1-27-36, 19

19. UNDERTAKER Jack Lewis Lee

(Address) 1432 E. Baltimore St

Huntington Hill

FILED ..... 19 ..... Registrar

AN 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from October, 1935 to Jan 27, 1935

I last saw her alive on Jan 26, 1935 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1920
Other contributory causes of importance: Myocardial failure	1935

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jack Cohen, M. D.

(Address) 2235 Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20029

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Union Memorial Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3 Ward) 13

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth 30 yrs. ... mos. ... da.

2. FULL NAME Joseph Morgan

If U. S. Veteran specify WAR .....

(a) Residence: No. 2356 Madison Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 00 24

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME William Morgan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pearl Molofsky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Washington Blvd Date 1/29/36 19

19. UNDERTAKER Saul Levin & Son

(Address) 1439 E. Baltimore St.

FILED ..... 19 Huntington Williams

Registrar

JAN 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1936 to Jan. 26, 1936

I last saw h[illegible] alive on Jan 26, 1936. Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 1/24/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd F. Lee M. D.

(Address) Union Memorial Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

20030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20030

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Childrens Hosp. School ST. 13-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Glenn Rufus Blickenstaff Jr.

(a) RESIDENCE NO. Highfield Md ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5 8 33

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Aaro Maryland

PARENTS

10 NAME OF FATHER Glenn R. Blickenstaff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Smithburg Md

12 MAIDEN NAME OF MOTHER Marie Fades

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Father (Address) Highfield Md.

15 Filed JAN 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1936

17 I HEREBY CERTIFY, That I attended deceased (from Sept 23, 1935, to Jan. 25, 1936 that I last saw h[illegible] alive on Jan. 24, 1936 and that death occurred, on the date stated above, at 8[illegible] a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs mos 10 ds.

CONTRIBUTORY (Secondary) Tuberculous spondylitis

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? Highfield Md.

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Path. & Bact. exam.

(Signed) Robert W. Johnson J. M. D.

, 19 (Address) 4 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem.

DATE OF BURIAL 1/27/36

20 UNDERTAKER Elizabeth Hark.

ADDRESS 115 E. Madison

IMPORTANT—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F20031 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 20031

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital St., 24-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ---m.---d. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Pietrowicz.

(a) Residence: No. 1440 Richardson St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ;----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	;----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August Pietrowicz.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Alexandria Soboleska.

16. BIRTHPLACE (city or town) (State or country) Toviand Poland.

17. INFORMANT Martha Toland.(niece)
(Address) 809 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date January 27 1936

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann st

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis.	
Uraemia.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto Hoffmann M. D.
Coroner

1/25/36 (Address) 1017 S. Charles st.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y56

JAN 27 1936

M. D. B. 1268-9

F 20032

F 20032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 McCulloh St., 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Massie Mones

(a) Residence: No. 2133 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mones

6. DATE OF BIRTH (month, day, year) June 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	37	5-7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Major Gray

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emma Collins

(Address) 2133 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date Jan 27 19

19. UNDERTAKER Clarence E. Wurth

(Address) 1600 N. Eutaw St.

20. FILED ... 19 ... Registrar.

JAN 27 1936 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 - 1936 to Jan 26 - 1936

I last saw h[illegible] alive on Jan 25 - 1936 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset unknown

Other contributory causes of importance:

None

Name of operation ... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. F. Coleman M. D.

(Address) 2039 McCulloh St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

20033

HEALTH DEPARTMENT—CITY OF BALTIMORE

20033

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Benj Miller

U. S. Veteran specify WAR .....

(a) Residence: No. 105 W Lafayette Rd Towson Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Agnes Miller

6. DATE OF BIRTH (month, day, year) Sept 5, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardener 1086

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Geo H. Miller

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Hollingsworth

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Sarah A Miller (Address) 105 W Lafayette Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St Joseph's Texas Jan 29 1936

19. UNDERTAKER John Burns Sons (Address) Towson Md.

FILED ..... 19 ..... Registrar

JAN 27 1936 Registrar of Vital Statistics, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1936

22. I HEREBY CERTIFY, That I last saw [illegible] of the remains described above, held an [illegible] (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1-21-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-26-36

For what disease or injury? Intestinal Obstruction

Name of operation Relieve Obstruction Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C H Didgeon M. D.

Coroner

(Address) Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 20034

F20034 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital ✓ 81

CITY OF BALTIMORE: (No. 1000 Eaton Ave St., 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary J. Baker

(a) Residence: No. 35 S. Calhoun St. Balto. State Md., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ernest E Baker

6. DATE OF BIRTH (month, day, year) May 9 1878

7. AGE: Years 57 year; Months 8; Days 17; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Stautz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jenkins Memorial Hosp

(Address) 1000 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem 1/29 1936

19. UNDERTAKER Edgar A Fahrney

(Address) Flatons & Fayette

20. FILED JAN 27 1936, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st., 1935 to January 25, 1936

I last saw her alive on Jan. 25, 1936 Death is said to have occurred on the date stated above, at 12.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple neurofibromatosis (spinal)	2 yrs
Cystitis	1 month
Bronchopneumonia	5 days

Other contributory causes of importance:

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert J. Healy, M. D.

(Address) St. Agnes' Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20035

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Butland Ave St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie L Spriggs

If U. S. Veteran specify WAR .....

(a) Residence: No. 1037 Butland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Spriggs

6. DATE OF BIRTH (month, day, year) Jan 20th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chase Md.

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Chase Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Spriggs.
(Address) 1037 Butland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date Jan 27th 1936

19. UNDERTAKER Thos Robt Elliott daughter
(Address) 1129 Caroline St

Registrar

JAN 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-24-36, 19 ... to 1-24-, 1936

I last saw her alive on 1-24, 1936 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart — Date of onset 1-24-36

Other contributory causes of importance: Acute Indigestion

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date .....

What test confirmed diagnosis? Hyp. 4 ays - Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. C. Kelly M. D.

(Address) 1420 E. Chase St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 20036

F 20036 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 165 N, Hanover St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Hill

(a) Residence: No. 165 N. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of (Widow)

6. DATE OF BIRTH (month, day, year) 1869, Aug

7. AGE 66 Years	Months —	Days —	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Jan 25 1935

11. Total time (years) spent in this occupation 66 yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Deathfield

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Story

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Lottie Hill (Daughter) 165 N Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place W.P. Cemetery Date Jan 28 1936

19. UNDERTAKER James A. Hayes

(Address) 1422 W Pratt St

19 Filed JAN 27 1936 Registrar Hunter Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23 1935 to Jan. 24 1936

I last saw h[illegible] alive on Jan. 23 1936 Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	
Cerebral Hemorrhage	Jan 23 1935

Other contributory causes of importance:

(Arteriosclerosis) " "

Name of operation: [illegible] Date of [illegible]

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Hunter M. D.

(Address) 710 Mount Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dunmore St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Patterson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1366 W. Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Patterson

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1952

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Patterson

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Edith Patterson

(Address) 1366 W. Fremont St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/27 1936

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman st

20. Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1936 to 1-24 1936

I last saw him alive on 1-24 1936. Death is said to have occurred on the date stated above, at 2.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, Coma	unknown
Parenchymatous Nephritis	about

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B Harris M. D.

(Address) 1269 N. Carlton Pl

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 27 1936 Washington Hospital

M. D. B. 1268-9

F 20038

F 20038 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2644 Oswego St., 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city, or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincenzo Tarsia

(a) Residence: No. 2644 Oswego Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Marante-Tarsia

6. DATE OF BIRTH (month, day, year) Jan 20 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1945

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Product

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Tarsia

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Barate

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Salvatore Tarsia
(Address) 2644 Oswego Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1936

19. UNDERTAKER Frank V. Fabrizio
(Address) 1700 E. Fayette St.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10. 1936 to Jan 25 1936

I last saw him alive on Jan. 25 1936 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo-Cardial Insufficiency	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos L. Valentuni M. D.

(Address) 16 E Preston

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20039 F 20039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No. 12-6

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Gibson If U. S. Veteran specify WAR none

(a) Residence: No. Pikesville, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 10-24-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newcastle Delaware

FATHER

13. NAME Joseph Gibson

14. BIRTHPLACE (city or town) (State or country) Liverpool England

MOTHER

15. MAIDEN NAME Mary Kibler

16. BIRTHPLACE (city or town) (State or country) Hamburg Germany

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

St. Marys Cemetery Date 1-27-36 19

19. UNDERTAKER Kendall E. Humphreys

(Address) 1521 N. Broadway

20. FILED JAN 27 1936 19 Thurston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1935, to January 23, 1936

I last saw him alive on January 23, 1936. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, general	Sept. '35
Pericarditis, acute	"
Anemia, simple	"
Other contributory causes of importance:	
Pulmonary edema	Terminal

Was an operation performed? Yes Date of 12-20-35

For what disease or injury? Under obs. for malignancy of abdomen

Name of operation Laparotomy Date 12-20-35

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T B H Anderson M. D.

(Address) U.S. Marine Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20040

CERTIFICATE OF DEATH

"Fl. Div." "13"

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Bradley

(a) Residence: No. 1621 Druid Hill Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Evelyn Bradley (?)

6. DATE OF BIRTH (month, day, year) — 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27 (?)	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dish-washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch-room

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Bradley.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Arnetta Linsean

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date Jan 27, 1936

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N Schroeder St.

20. FILED JAN 27 1936 Huntington Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1935 to Jan. 25, 1936

I last saw him alive on Jan. 25, 1936 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Arthur Wardgin M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

Spec.—8-16-29—L. F. S.—100 Blks.

F 20041

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20041

34-124-a

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 308 Poppleton ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas White

(a) RESIDENCE NO. 308 Poppleton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

PARENTS

10 NAME OF FATHER George Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westmoreland Co

12 MAIDEN NAME OF MOTHER Polly White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Westmoreland Va

Informant Martha Gregory

Address 308 N Poppleton St

19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27, 1936

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1936, to Jan 24, 1936, that I last saw h[e] alive on Jan 22, 1936 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Douglas Sheppard, M. D.

1/27, 1936 (Address) 1063 Mt Clare

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion — DATE OF BURIAL Jan 29, 1936

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 N Schroeder St

plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
See instructions on back of certificates.

M. D. B. 1268-9

F 20042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20042

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Lafayett St. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rader Marie Price

(a) Residence: No. 2504 Lafayett St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/26/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert A. Price

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maria McKeever

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Albert McPherson

(Address) 2504 Lafayett Ave.

18. BURIAL, CREMATION, OR REMOVAL London Park Date 1-27-36

19. UNDERTAKER Mrs Chas A. Y Rohde

(Address) 233 Edmondson Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Hann M. D.

Coroner

(Address) 12 15 Hanover Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20043 ✓ F 20043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Winters

If U. S. Veteran specify WAR

(a) Residence: No. 1108 S. Bonsal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-25-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Carl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Vera Mitchell

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/27/36, 19

19. UNDERTAKER John J. Fryda
(Address) 2811 Hudson St

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936, to June 25, 1936.

I last saw him alive on June 25, 1936. Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart	

Other contributory causes of importance:

Premature

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Elizabeth L. Longabaugh M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 1936 Registry Division

F 20044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospl - 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eli Shelputz

(a) Residence: No. 2109 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Second Hand

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Molloff

(Address) 2109 Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Trinity Cem. Date Jan 27 1936

19. UNDERTAKER Peter J. Trakowski

(Address) 1000 S. Kenwood Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20045 ✓ F 20045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 N Lawrale St., 16-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Rogers

(a) Residence: No. 1722 N Lawrale (Lawrale) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Teresa Rogers

6. DATE OF BIRTH (month, day, year) Nov 29, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	1	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmet Co Md.

FATHER

13. NAME Daniel Rogers

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Mary Adams

16. BIRTHPLACE (city or town) (State or country) Emmet Co Md

17. INFORMANT (Address) Mary Rogers 722 N Lawrale St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Jan 28, 36

19. UNDERTAKER (Address) Jno Katz Williams 2424 Eutaw St

20. FILED ..... Registrar

JAN 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20 1935 to Jan 25 1936

I last saw him alive on Jan 25 1936 Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Phthisis Pulmonalis	
Other contributory causes of importance: Tuberculus Bacilli	

Was an operation performed? yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, state (Signed) Jno Woolridge M. D.

(Address) 703 W Lexington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 8-4 Ward)

Length of residence in city or town where death occurred ... yrs. life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Charles Deens

(a) Residence: No. 1419 N. Bradford St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) Feb 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto-bldg

10. Date deceased last worked at this occupation (month and year) 11/15/36

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lens ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem. Date 1/28/ 1936

19. UNDERTAKER J. Edw. Moran (Address) 3 East E. Balto

N 17936

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/21, 1936 to 1/24, 1936

I last saw him alive on 1/24 1936 Death is said to have occurred on the date stated above, at 1 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 days

Other contributory causes of importance:

None.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20047

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Sullens

(a) Residence: No. 2629 Eastern ave., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-31-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Lee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Jan 28 1936

19. UNDERTAKER John [illegible]
(Address) 2008 Orleans St

FILED JAN 27 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/23 1936 to 1/24 1936

I last saw him alive on 1/24 1936 Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic nephritis
& uremia.
(Chronic & acute exacerbations)

Date of onset 1/24 36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Rule M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10638 F 20048

20048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. H-1 Ward)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J. Smith

(a) Residence: No. 3 S. Frederick St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 11-2-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Phila Pa Date Jan 27 1936

19. UNDERTAKER John Neffel
(Address) 2008 Orleans

20. FILED JAN 27 1936 Harrington Delaware Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-30 1935 to 1-26 1936

I last saw him alive on 1-26 1936 Death is said to have occurred on the date stated above, at 7 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Thyroid gland	?
Other contributory causes of importance: Esophageal Stricture Strangulation	2 wks ?

Was an operation performed? yes Date of 1-23-36

For what disease or injury? Stricture of Esophagus

Name of operation Gastrostomy Date of 1-23 36

What was confirmed diagnosis? Biopsy at Johns Hopkins ??? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt. F. Dantri M. D.

(Address) Balto City Hospt

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 20049 F 20049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belair Market St. 5-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ? If U. S. Veteran specify WAR

(a) Residence: No. ? St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 10, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Northern Police Station

(Address) Cokeland ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Med School Date Jan 27, 19 36

19. UNDERTAKER Commissioner Health.

(Address) [illegible]

20. FILED JAN 27 1936, 19 Registrar. 496.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Attorney or Inquiry) find that said deceased came to h— death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury January 10, 19 36

Where did injury occur? Belair Market Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place - Child wrapped in

Manner of injury Newspapers & put in garbage can

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1919 E. North ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Case

2054 THE MORGUE

M. D. B 1268-9

✓ F 20050

20050 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Bleaker

If U. S. Veteran specify WAR .....

(a) Residence: No. (722) 512 S. Charles St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Abt 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Unknown " "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT X

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U of Md Med School Date Jan 27 1936

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

20.52

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to his ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. exudative pleurisy	
b.	
c.	
d.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. M. Wright M. D.

(Address) 1610 S. Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 66

M. D. B 1268-9

F 20051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20051

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 Saint Johns Court St., 10-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose McDonald

(a) Residence: No. 828 Saint Johns Court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Northwestern Police Station
(Address) Eastland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Wm. Lord Mem. Date Jan 2 19 36

19. UNDERTAKER Commissioner Health.
(Address) ... F 20051

20. FILED ... 19 ... Registrar.

JAN 7 1936

2053 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:
Uremia

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schneider, M. D.
Coroner

(Address) 1912 E. Fayette St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20052

X 51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. X County Bldg 24 Ward) D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John B Mullen

If U. S. Veteran specify WAR

(a) Residence: No. Glen Burnie Md St.; ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry Mullen

(Address) Glenburnie Md

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Wood School Date Jan 27 19 36

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12 . 19 36

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 35, 19 ... to Jan 12 36, 19 ...

I last saw h... alive on Jan 11 19 36 Death is said to have occurred on the date stated above, at 5½ A.M. 1/12/36

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Pneumonia	
Influenza	
Contributory Cause of Importance	
Chronic Nephritis	

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Malone M. D.

(Address) So Balto Gen Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2055 ME MORGUE. W

F 20053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Homewood Apts — Registered No. 59

CITY OF BALTIMORE: (No. Charles & 31st St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Hopkins — If U. S. Veteran specify WAR

(a) Residence: No. Charles & 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Late Henry & George Hopkins

6. DATE OF BIRTH (month, day, year) March 13th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81 82	1	10	19	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME B. C. Bibbs

14. BIRTHPLACE (city or town) (State or country) Fredericksburg Virginia

MOTHER

15. MAIDEN NAME Amanda Cooke

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary F Sanders
(Address) Homewood Apts Charles & 31st Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Hollywood Cem Richmond Va Date Jan 28th 1936

19. UNDERTAKER Henry E Jenkins & Son
(Address) Orchard & Fulton Sts

20. FILED 1936 Registrar.

JAN 27 1936

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1931 to Jan 26 1936

I last saw him alive on Jan 25 1936. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	6 wks

Other contributory causes of importance:

Cerebral Hemorrhage	9 wks
Diabetes Mellitus	unknown

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None Date of

What test confirmed diagnosis? Exam. Blood & urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George McLean M. D.

(Address) 105 Medical Arts

OCCUPATION is very important. See instructions on back of certificate. State exact nature of occupation in plain terms, so that it may be properly classified. Exact statement of

AaCo. S-11 250B

F 20054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20054

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 25-3 Ward)

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 2 mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ida M. Wheeler

(a) Residence: No. 2315 Washington Blvd St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Wheeler

6. DATE OF BIRTH (month, day, year) Nov. 1st 1884

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
52	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Franklin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary Benton

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs William Appel

(Address) #1268 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 1/29/ 1936

19. UNDERTAKER John J. Bowan & Son

(Address) 401 E. Eutaw Street

20. FILED ____ 19____ ____ Registrar.

NOV 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1936 to Jan. 26, 1936

I last saw her alive on Jan. 26, 1936 death is said to have occurred on the date stated above, at 1.02 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Diabetes mellitus	?
Chronic nephritis	?

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) M. Theodore Boss, M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of MEDICAL CAUSES OF DEATH in plain terms, so that it may be properly classified.

M. D. B 1268-9

✓ F 20055

20055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 210-N

CITY OF BALTIMORE: (No. ..... St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 415 Jasper St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Dat Know

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) — — 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: D.K.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington D.C
(State or country)

FATHER

13. NAME D K

14. BIRTHPLACE (city or town) D K
(State or country)

MOTHER

15. MAIDEN NAME D K

16. BIRTHPLACE (city or town) D K
(State or country)

17. INFORMANT Irene Reed (Sister)
(Address) 415 Jasper

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 1-27-36

19. UNDERTAKER Bernard P. Hemsley
(Address) 818 Druid Hill Ave.

20. FILED 1-27 1936 21. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Autopsy thereon and from the examination (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Internal Injuries — Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ..... Date of injury 1-22 1936

Where did injury occur? In front 750 Pearl St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Ran over by truck while crossing street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Bayley Coroner M. D.

(Address) 907 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1269-9

F 20056

20056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2457 Brentwood ave) (Ward 17-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Alton

(a) Residence: No. 2457 Brentwood ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 28 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 yr	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME William Alton

14. BIRTHPLACE (city or town) (State or country) Anndel Co Maryland

MOTHER

15. MAIDEN NAME Rebecca Norris

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Rebecca Tyler 1912 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Date 1/28 30 19

19. UNDERTAKER (Address) Wm A Jackson The J Funeral

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1935 to Jan 26 1936

I last saw him alive on Jan 26 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Spring 1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. D Julian M. D.

(Address) 435 S 23rd St.

OCCUPATION is very important. See instructions on back of certificate.

✓F 20057

20057 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N. Luzerne. Ave. St., 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S Veteran specify WAR .....

2. FULL NAME Michael L. Schmitt.

(a) Residence: No. 620 N. Luzerne Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret. Schmitt.

6. DATE OF BIRTH (month, day, year) May. 19/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None for 5 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Schmitt.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret. Schmitt.

(Address) 620 N. Luzern. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer. Cem. Date Jan. 28/36

19. UNDERTAKER Lilly & Zeiler

(Address) 40? S. Pole St.

20. FILED 1936 19 (By Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24/36 19

22. I HEREBY CERTIFY, that I attended deceased from Oct 17 - 35 to Jan 24 - 36

I last saw h alive on Jan 24 - 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-Cardetis	3 Mo ago
Chronic Ruptured Asthma (Mo TB)	1 Mo

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Dyspnea Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Wolff M. D.

(Address) 800 S. Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 20058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 26-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Anthony Gallagher

If U. S. Veteran specify WAR .....

(a) Residence: No. 328 S Oldham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, year) 5/28/06

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ship yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 28 1936

19. UNDERTAKER Tilly & Zilberg Inc.

(Address) 108 S. Howard St.

20. FILED ..... 19..... (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1935, to Jan 26, 1936

I last saw him alive on Jan 26 1936. Death is said to have occurred on the date stated above, at 1.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hypopho-sarcoma of small intestine	
Metastasis to liver & retro-peritoneal lymph glands.	± Nov. 17 1935

Other contributory causes of importance:

Was an operation performed? yes. Date of Dec. 20th.

For what disease or injury? Laparotomy Tb. peritonitis?

Name of operation Laparotomy Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph T. Leland, M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

20059 V F 20959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 50

1. PLACE OF DEATH St. Agnes' Hospital 5-1
CITY OF BALTIMORE: (No. Wilkens & Caton St., ave. 25 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Anft
If U. S. Veteran specify WAR

(a) Residence: No. Spring Ave. & Philadelphia Rd. Ward.
(Usual place of abode) Rosedale (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Louis Anft

6. DATE OF BIRTH (month, day, year) March 2 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7+	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Bobleter

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Sabina Wentrich

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT George Rosendale Son
(Address) 3-2 Mt. Pleasant Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 28/36

19. UNDERTAKER Lilly & Zeller
(Address) 1053 50 Fulton Ave

20. FILED JAN 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 30 1935, to Jan. 25, 1936
I last saw her alive on Jan. 25, 1936 Death is said to have occurred on the date stated above, at 10 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma en fuisance of breast	
Other contributory causes of importance: Cachexia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. H. Carey M. D.
(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

✓ F 20060

F 20060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S. Paca St ST. 22-2 WARD)

2-FULL NAME Cosimo F. Bisesi

(a) RESIDENCE NO. 604 S. Paca St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~S~~ Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE — Years: 40 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver

(b) General nature of industry, business, or establishment in which employed (or employer): Beer Truck

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER Salvatore Bisesi

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Marie Citrintano

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: August Bisesi

(Address) 604 S. Paca st.

15 Filed 1/27 1936, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23, 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1936, to Jan. 23, 1936,

that I last saw him alive on Jan. 22, 1936,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis - Uraemia 2 wks.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Cerasino, M. D.

1/27, 1936 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. — DATE OF BURIAL 1/28 1936

20 UNDERTAKER: Chas. B. Tuchman Co. — ADDRESS 631 S. Paca st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

20061

F 20061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+179

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise Jones

(a) Residence: No. Hurlock Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Jones

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 9			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harold Andrews

14. BIRTHPLACE (city or town) (State or country) Md/

MOTHER

15. MAIDEN NAME Delora Hignutt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry Jones

(Address) Hurlock Md.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date Jan. 29. 19 3

19. UNDERTAKER J. T. Willoughby

(Address) Hurlock Md

20. FILED ... 1936 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 21, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

Her Inquiry

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erosen and Stricture of Esophagus	
Accidental Drank Lye (Poison)	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? X-Ray Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Accident Date of injury Jan. 12, 1936

Where did injury occur? Hurlock. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Accidental Drank Lye

Nature of injury Erosen & Stricture of Esophagus

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) E. R. Adelsperger M. D.

(Address) 2737 N. Howard St.

OCCUPATION is very important. See instructions on back of certificate.

F 20062

20062 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1939 W. Franklin St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Orville Wilkinson

If U. S Veteran specify WAR

(a) Residence: No. 1939 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soda Dispenser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kellog's Pharmacy

10. Date deceased last worked at this occupation (month and year) Jan. 16, 1936

11. Total time (years) spent in this occupation 1yr 6mo

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William G. Wilkinson

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Vertie V. Swift

16. BIRTHPLACE (city or town) York
(State or country) Pennsylvania

17. INFORMANT Mr. William G. Wilkinson
(Address) 1939 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Jan. 29, 1936

19. UNDERTAKER Joseph H. Cook.
(Address) 1007 W. Baltimore St.

Jan 31 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936 to Jan 26, 1936

I last saw him alive on Jan 26, 1936 Death is said to have occurred on the date stated above, at 7.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Bilateral lower lobes.	Jan 15

Other contributory causes of importance:
Coronatory Coclopse

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Robert L. Mortimer Jr. M. D.

(Address) 2801 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 20063

20063 308938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 110

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Morgan

(a) Residence: No. Fork Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie A. Morgan

6. DATE OF BIRTH (month, day, year) 3/21/77

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edgewood Arsenal

10. Date deceased last worked at this occupation (month and year) Dec. 23, 1935

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John H. Morgan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Johns Hopkins Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Jan. 30 1936

19. UNDERTAKER Joseph H. Cook (Address) 1603 W. Baltimore St.

20. FILED JAN 27 1936 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1936 to Jan 26, 1936

I last saw him alive on Jan 26, 1936 Death is said to have occurred on the date stated above, at 6.25 p. m.

The principal cause of death and related causes of importance were as follows:

Fibrinous pericarditis — Date of onset Dec. 28, 1935

Other contributory causes of importance:

Bilateral pleurisy & effusion

Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Ralph D. Jackson M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

20064 ✓ F 20064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH U S Marine Hospital, Baltimore, Md — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 2[illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 9 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence E. Shipley — If U. S. Veteran specify WAR .....

(a) Residence: No. 226 Mallow Hill Road St., ... Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth Shelburg Shipley

6. DATE OF BIRTH (month, day, year) April 12, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post office

10. Date deceased last worked at this occupation (month and year) Dec 12, 1935

11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles E Shipley

14. BIRTHPLACE (city or town) (State or country) Carroll County ~~XXXXXXXX~~ Maryland

MOTHER

15. MAIDEN NAME Ellen Moore Cramblitt ~~Ellen Cramblitt~~

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Reynolds, US Marine Hosp. (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Jan. 29 1936

19. UNDERTAKER Joseph H. Cook (Address) 100 W. Baltimore St.

20. FILED 27 1936 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 5th, 1936, to January 26th, 1936. I last saw him alive on January 26, 1936. Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, right lobar	1-22-36

Other contributory causes of importance:

Lymphocythemia	1-21-36
Anemia, secondary	1-21-36

Was an operation performed? Yes Date of 1-10-36

For what disease or injury? Hernia, inguinal, bilateral

Name of operation Herniaplasty Date of 1-10-36

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Hernia inguinal, bilateral

(Signed) J. M. Lawrence M. D.

(Address) U.S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CORRECTED CERTIFICATE OF DEATH 17 r a

Registered No. 7 2 0 6 4

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 9 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Clarence E. Shipley

(a) Residence: No. 226 Mallow Hill Road St., ... Ward. Baltimore Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Stuebing Shipley

6. DATE OF BIRTH (month, day, year) April 12, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles E. Shipley

14. BIRTHPLACE (city or town) Woodbine
(State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Crambitt

16. BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1936, to January 26, 1936

I last saw him alive on January 26, 1936. Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right	1-22-36
Leukemia, aleukemic, myeloid, acute	1-11-36

Other contributory causes of importance:

Anemia, secondary	1-21-36

Was an operation performed? Yes Date of Jan. 10, 1936

For what disease or injury? Hernia, inguinal, bilateral

Name of operation Herniaplasty Date of 1-10-36

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. H. Anderson M. D.

(Address) U.S. Marine Hospital, Balto., Md.

M. D. H 1268-9

20065 F 20065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Elsinore ave St., 45-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6th yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George, Ohm (George Ohm)

If U. S. Veteran specify WAR .....

(a) Residence: No. 2510 Elsinore ave. St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Ella L. Ohm

6. DATE OF BIRTH (month, day, year) July 4 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Laborer / Retired Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Bernheimer

10. Date deceased last worked at this occupation (month and year) March 1929

11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Ohm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Muller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. & Mrs. Norman Nelson

Address) 2510 Elsinore ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Union Fall Chapel Jan 28 1936

19. UNDERTAKER Ost & Cook

(Address) 1053 N Eutaw St

20. FILED Jan 27 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest / Autopsy / Inquiry and from the evidence obtained by said Inquest / Autopsy / Inquiry find that said deceased came to death on the day stated above. 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, what? .....

(Signed) C. Hamm, M. D. Coroner

(Address) 12 S. Hanover

OCCUPATION is very important. See instructions on back of certificate.

F 20066 F 20066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospit St., 8-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Caldwell

If U. S. Veteran specify WAR ? Record

(a) Residence: No. 1970 Patterson Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	04		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Caldwell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Edwards

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 28th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED 1936 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932 to 1/24 1936

I last saw him alive on 1/27 1936 Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 hr.
Arteriosclerosis	?

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 20067

F 20067 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

Registered No.

1. PLACE OF DEATH Bon Secours Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md. St. 21-25 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Kralicke

(a) Residence: No. 1225 Cleveland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sylvan J. Kralicke

6. DATE OF BIRTH (month, day, year) Dec 10, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Julius Schroder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Fortkamp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sylvan J. Kralicke

(Address) 1225 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 29, 1936

19. UNDERTAKER Leary & Mohr

(Address) 910 Edmondson Ave.

20. FILED JAN 29 1936 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1936 to Jan 25, 1936

I last saw her alive on Jan 25, 1936 Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	1-19-36
Generalized Peritonitis	1-21-36
Other contributory causes of importance:	
Cardiac decompensation & passive congestion of lungs	1-22-36

Name of operation Appendectomy Date of 1-22-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Simon J. Kemp M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

F 20068

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20068

CERTIFICATE OF DEATH

✓ 107-a

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2001 Park Ave ST 13-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alice Bond Duncan

(a) RESIDENCE NO. 2001 Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Edward A Duncan

6 DATE OF BIRTH (month, day, and year): Oct 26-1845

7 AGE: Years 90 | Months 3 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Asa M. Bond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Miss Lucie
(Address): 2001 Park ave

15 Filed 19 Registrar, Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 27-1936

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1936, to Jan. 27, 1936, that I last saw h[illegible] alive on Jan. 27, 1936, and that death occurred, on the date stated above, at 12 20 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests & bedside

(Signed) Custer F. P. Fisson M. D.

1/27, 1936 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Nat. Cem. Va — DATE OF BURIAL: Jan 29 1936

20 UNDERTAKER: Chas. E. Branch — ADDRESS: 802 Madison Ave

JAN 29 1936

F 20069

10706

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20069

CERTIFICATE OF DEATH

✓ 157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Dean

(a) Residence: No. ... St., ... Ward.

(Usual place of abode) 5303 Valiquet Ave. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-31-35

7. AGE Years ... Months ✓ 2 Days 2 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... (Child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Walter

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Anne Moran

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Cem. Date 1/28 ..., 1936

19. UNDERTAKER Leonard J. Ruck (Address) 5305 Harford Rd.

20. FILED JAN 28 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936 to Jan 26, 1936

I last saw him alive on Jan. 26, 1936. Death is said to have occurred on the date stated above, at 6 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital lung cyst, left.	10-31-35
Bronchopneumonia, R.	1/24/36

Other contributory causes of importance:

Was an operation performed? Yes. Date of 1/24/36

For what disease or injury? Congenital lung cyst.

Name of operation Bronchoscopy Date of 1/24/36

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Rosenbaum Jr. M. D.

(Address) Balto. City Hospitals

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

Jan 26 F 20070

F 20070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 W. Hamburg St. St. 23-1 Ward)

Registered No. ...

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Muller.

(a) Residence: No. 127 W. Hamburg St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6/1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME John G. Muller.

14. BIRTHPLACE (city or town) Germy
(State or country)

MOTHER

15. MAIDEN NAME Katherine Wentz

16. BIRTHPLACE (city or town) Germy
(State or country)

17. INFORMANT Catherine M. Muller.
(Address) 127 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Jan 29th 1936

19. UNDERTAKER Eschlonan & Rose
(Address) 1639 Hanover st.

20. FILED ... 19... Registrar.

JAN 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st 35 to Jan 26 1936
I last saw h[illegible] alive on Jan 26 1936 Death is said to have occurred on the date stated above, at 11.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 dys

Other contributory causes of importance:

Cerebral Hemorrhage, & Hemiplegia	6 mo.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Mitchell M. D.

(Address) 1279 Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

F 20071

F 20071 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 E Balto St., 1st W Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ___ mos. 7 ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Catherine Mary Stein

(a) Residence: No. 2913 E Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 18-1867

7. AGE	Years	Months	Days	If LESS than 1 day: hrs or min.
	69		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Mathias Stein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Dietz

16. BIRTHPLACE (city or town) (State or country) [redacted] Baltimore Md.

17. INFORMANT Elizabeth Stein
(Address) 2913 E Balto St

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date Jan 29 1936

19. UNDERTAKER J. J. Stein & Son
(Address) 1540 N. Fulton Ave.

JAN 28 1936

20. Filed ___ 19___ ___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26th 19 36

22. I HEREBY CERTIFY, That I attended deceased from 1/10/36, 19__, to 1/26/36 19__

I last saw h[e] alive on 1/25th 19 36 death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 mo
Carcinoma Uterus	6 mo
Arteriosclerosis	

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) E. W. Herrman M. D.

(Address) 2913 E Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

F 20072 F 20072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-D-107-n

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 22-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William White

(a) Residence: No. 928 Fielden St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-18-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem. Date 1/28, 1936

19. UNDERTAKER Walter R. Jones & Sons
(Address) 1819 W. Hamley St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/4, 1935 to 1/23, 1936

I last saw him alive on 1/23, 1936 Death is said to have occurred on the date stated above, at 12 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-3 days
Aortic insufficiency	14 mos.
Hypertension.	

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 20073 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20073

CERTIFICATE OF DEATH

54-D

Registered No. 10-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine C. Mark

(a) Residence: No. 1910 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 1 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME August Mark

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Caroline Brown

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mrs Amalia Brunows

(Address) 2700 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date JAN 29 1936 19

19. UNDERTAKER Leo W Little

(Address) 2703 Edmondson Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1936 to Jan. 26, 1936. I last saw h.er alive on Jan. 26, 1936. Death is said to have occurred on the date stated above, at 5:25 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebellar Tumor (Was Diagnosis was not confirmed, Autopsy)

Date of onset

Other contributory causes of importance:

Adhesion of 4th ventricle of brain 2. Cachexia

Was an operation performed? Date of Oct. 21, 1935

For what disease or injury? Brain Tumor

Name of operation Bone Flap Date of 10/21/35

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. L. Fearing M. D.

(Address) University Hospital

1936 4

F 20074

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20074

CERTIFICATE OF DEATH

46-6 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Edmondson St. 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ANNAT LYLE Pierce

(a) Residence: No. 2702 Edmondson St. 46 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Robert M. Pierce

6. DATE OF BIRTH (month, day, year) Mar. 30-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pt. — Home

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William A. Pierce

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Madeliene Co-rothers.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mr. Robert M. Pierce
(Address) 2702 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date JAN. 28-36

19. UNDERTAKER H. B. Kuppel & Son
(Address) 130 Eutaw Place

24. FILED JAN 29 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN- 25-. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Jan 25 1936

I last saw h[illegible] alive on Jan 25 1936 Death is said to have occurred on the date stated above, at 12.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Nephritis,	Sept 1 1935

Other contributory causes of importance:

Tuberculosis
Senile Cardiac Dilatation

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ..... Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19 ✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury ✓

Nature of injury ✓

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. French M. D.

(Address) 237 Cathedral

OCCUPATION is very important. See instructions on back of certificate.

F 20075

F 20075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital W-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry C. Kaiser

(a) Residence: No. 115 S. Franklinton Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Kaiser

6. DATE OF BIRTH (month, day, year) Jan-18-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis Kaiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fred Thos H. Kaiser

(Address) 115 S. Franklinton

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date Jan 27 1936

19. UNDERTAKER H. B. Kirkpatrick & Son

(Address) 1300 Eutaw Place

20. FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1936. to Jan. 25, 1936.

I last saw him alive on Jan. 25, 1936. Death is said to have occurred on the date stated above, at 4:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Jan 15, '36
	1931

Other contributory causes of importance:

Cardiac Decompensation	Jan. 17, '36
Pleural effusion & ascites	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. J. Cornbrooks Jr M. D.

(Address) University Hospital Baltimore Md

M. D. B 1268-9

F 20076

F 20076 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 Druid Hill ave St., 11-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Washington If U. S. Veteran specify WAR .....

(a) Residence: No. 417 (Usual place of abode) Druid Hill ave St., ... Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Washington

6. DATE OF BIRTH (month, day, year): June 22, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: Ernest Farrigan

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Annie Bowden

16. BIRTHPLACE (city or town) (State or country): Fayetteville N C

17. INFORMANT: Sadie A. Robinson Sister

(Address) 417 Druid Hill ave,

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem. Date 1/29/36 19

19. UNDERTAKER: John M. Deluca

(Address) 1200 Eutaw Place

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, Autopsy or Inquiry) on the ..... day of ..... 19..., from information obtained by said (Inquest, Autopsy or Inquiry) and from the records in my possession, find that said deceased came to death on the day stated above at about 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Adam ..... M. D.

(Address) 1216 Harlem (Number) (Street)

F 20077

F 20077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 1-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Robinson St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James B. Rafferty

(a) Residence: No. 511 S. Robinson. St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Rafferty.

6. DATE OF BIRTH (month, day, year) Sept. 18. 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT James. Rafferty (So.)

(Address) 511 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Jan. 28/36

19. UNDERTAKER Jilly & Zimberlin

(Address) 1539 S. Wolfe St.

20. FILED JAN 28 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 19 36 to Jan. 25 36. 19

I last saw h alive on Jan. 25 19 36 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Terminal Pneumonia	Ida

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Joseph Tenley M. D.

(Address) 441 S. Ellwood Ave

F 20078

F 20078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 N. Bouldin St. St., 76-10 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Gast. If U. S. Veteran specify WAR

(a) Residence: No. 436 N. Bouldin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed,

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Gast.

6. DATE OF BIRTH (month, day, year) Apr. 17/ 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Carl Gelse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Teresa Glock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adeline Zorn (Address) 436 N. Boulin St.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Haert. Date Jan. 29/36

19. UNDERTAKER Tully & Zuberbuhler (Address) 403 S. Wolfe St.

20. Filed Jan 29 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1935, to Jan 25, 1936

I last saw her alive on Jan 24, 1936 Death is said to have occurred on the date stated above, at 2am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Cardio Vascular Renal Dis.	
Acute Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Kupferschmidt, M. D.

(Address) 2939 Eastern Ave

M. D. B 1268-9

F 20079 ✓ F 20079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 9-G Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Ann Brown

(a) Residence: No. 1403 Ensor Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28th, 1929.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Walter J. Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Moreland

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Walter J. Brown (Father)
(Address) 1403 Ensor Street

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Jan. 28, 1930

19. UNDERTAKER George J. Roth Son
(Address) 17[illegible] [illegible]

20. FILED JAN 28 1930, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1930

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Meningitis (Origin undetermined)	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1912 E. North Ave

20080 F 20080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-4 82-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 522 E. 27th St. St., 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mon. ds.

2. FULL NAME Catharine Young — If U. S. Veteran specify WAR

(a) Residence: No. 522 E. 27th St St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Young

6. DATE OF BIRTH (month, day, year) January 10, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	--	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Ferguson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thomas Young Sr.
(Address) 522 E. 27th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan. 30 1936

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

20. FILED [illegible] 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 24th, 1936 to January 27th, 1936

I last saw her alive on January 27th, 1936. Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan. 24
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury? ----

Name of operation ----- Date of

What test confirmed diagnosis? Clinical examintion Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Montgomery Jr. M.D.
401 East 27th Street
(Address)

20081 ✓ E 20081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 S. Conkling St., 76-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Louisa Elgert

(a) Residence: No. 1206 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christian A. L. Elgert

6. DATE OF BIRTH (month, day, year) Feb. 28, 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Bauer,

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Lena Eggert,

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Christian A. L. Elgert,
(Address) 1206 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan. 29, 19 36
Geo. W. Zirkler

19. UNDERTAKER George W. Zirkler,
(Address) 1737 E. Eager St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1936 to Jan 26 1936

I last saw her alive on Jan 26 1936 Death is said to have occurred on the date stated above, at 8.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Gradual

Other contributory causes of importance:

Cerebral Hemorrhage 1/23/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. B. Litsey M. D.

(Address) 911 S. Highland Ave.

20089 F 20089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Northwood Ave St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert E. Taylor Sr.

(a) Residence: No. 5339 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Annie Taylor

6. DATE OF BIRTH (month, day, year) Oct 15 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME A. Taylor

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Albert E. Taylor Jr.
(Address) 5339 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem. Date Jan. 29 1936

19. UNDERTAKER Philip Hurig Inc
(Address) 516 Eutaw St.

20. FILED ....., 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Jan 26 1936

Last saw him alive on Jan 24 1936. Death is said to have occurred on the date stated above, at 4 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Valvular Heart disease	
Senile Sclerosis	

Other contributory causes of importance:

Hypostatic or terminal Pneumonia

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. W. Bruce M. D.

(Address) 1 E. Fayette

✓ F 20083

20083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 N. Chapel St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 51 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Florijancic

(a) Residence: No. 832 N. Chapel St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Karel Florijancic

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Barbara Vodak

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Anna Schaaf

(Address) 832 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 29 1936

19. UNDERTAKER Frank Grach & Son

(Address) 1906 Eastern Ave

FILED JAN 29 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1936 to Jan 26, 1936

Last saw h[illegible] alive on Jan 26, 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/20/36

Other contributory causes of importance:

Cardiac Arrhythmia — 1/26/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William J. Ryan M. D.

(Address) 501 Kenwood Ave

F 20084 ✓ F 20084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No. 27-18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St. (Ward)

Length of residence in city or town where death occurred 53 yrs. 7 mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Mary Clever Grove

(a) Residence: No. 3612 Oakmont Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Grove

6. DATE OF BIRTH (month, day, year) May 28, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Albert Raycob

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Jane King

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles E. Grove (Husband)

(Address) 3612 Oakmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 29, 1936

19. UNDERTAKER Stewart & Mowen Company.

(Address) 108 East North Ave.

Filed ... 19 ... Registrar.

29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1936, to Jan 27, 1936

That I saw her alive on Jan 26, 1936. Death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	1-25-36
Pneumococcus meningetis	1-26-36

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Lumbar puncture Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

Signed Francis D. Schwencke, M. D.

(Address) Sydenham Hospital

H. D. B 1268-9

F 20085

F 20085 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Springdale St. 25-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 9 mon. 16 da. How long in U. S. If of foreign birth 66 yrs. 9 mos. 16 da.

2. FULL NAME Henry Orville Bailey

(a) Residence: No. 4405 Springdale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE: Hester A. Bailey

6. DATE OF BIRTH (month, day, year): April-11-1869

7. AGE: Years 66 | Months 9 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Law & Collections

10. Date deceased last worked at this occupation (month and year): May 25 1936

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

FATHER

13. NAME: William Bailey

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Sarah Webster

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. H. A. Bailey (wife)

(Address): 4405 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL: Lorraine Cem

Place [redacted] Date May 29 1936

19. UNDERTAKER: Edward Morris Co.

(Address): 122 W. Mulberry

FILED 28 1936, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on Jan 27, 19... Death is said to have occurred on the date stated above, at 6.00 a m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. Hann, M. D.

(Address) 1215 Hanover Corner

M. D. B. 1268-9

✓ F 20086

F 20086 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 N. Carolina St. Ward 5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phyllis E. Cornish

(a) Residence: No. 833 N. Carolina St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 8 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	~~April~~ 9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~None~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

MOTHER FATHER

13. NAME Albert Cornish

14. BIRTHPLACE (city or town) (State or country) Dalton Mass.

15. MAIDEN NAME Nellie Harris

16. BIRTHPLACE (city or town) (State or country) Newark N.J.

17. INFORMANT Nellie Cornish
(Address) 833 N. Carolina St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan. 30 1936

19. UNDERTAKER Robert E. Young
(Address) 804 N. Carolina St.

JAN 28 1936

Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 27 Jan. 1936

22. I HEREBY CERTIFY, That I attended deceased from 25 Jan. 1936 to 27 Jan. 1936

I last saw ... alive on 27 Jan. 1936. Death is said to have occurred on the date stated above, at 2.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	

Other contributory causes of importance:

Acute Heart Failure	

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) E. Brayfield Boyle M. D.

(Address) 833 N. Carolina St

305978 ✓ F 20087

HEALTH DEPARTMENT—CITY OF BALTIMORE

305 20087

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Allie Stanton

(a) Residence: No. 1903 Somerset St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche

6. DATE OF BIRTH (month, day, year) 8/7/04

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31 32	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Foundryworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer, iron [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Warren Stanton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Virginia ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 29 1936

19. UNDERTAKER Rayner Sanders
(Address) 1443 E Preston St

FILED JAN 29 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1936 to Jan 26, 1936

I last saw him alive on Jan 26, 1936. Death is said to have occurred on the date stated above, at 9:20 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia, Typ I pneumococcus — Date of onset 1-15-36

Other contributory causes of importance:

Septicemia, pericarditis, pneumolaryngitis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Joseph T. Sadusk Jr. M. D.

(Address) Johns Hopkins Hospital

20088 F 20088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11851

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sam McCormick

(a) Residence: No. 804 Shuter St.. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-6-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Nelson

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Nancy McLittle

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chester S.C. Date Jan 29 1936

19. UNDERTAKER [illegible]
(Address)

19 Registrar

JAN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/23, 1936 to 1/26, 1936

I last saw him alive on 1/26, 1936 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 5 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reitz M. D.

(Address) Balto City Hosp

20089 ✓ F 20089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 Hamilton Ave, St. N-5 Ward)

Length of residence in city or town where death occurred 5 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Mary Waldhauser.

(a) Residence: No. 636 N. Washington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Michael C. Waldhauser.

6. DATE OF BIRTH (month, day, year) Nov. 23d 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marbach Germany.

FATHER

13. NAME Christopher Furst

14. BIRTHPLACE (city or town) (State or country) Marbach Germany

MOTHER

15. MAIDEN NAME Martha Weinrich

16. BIRTHPLACE (city or town) (State or country) Dettlebach Bavaria.

17. INFORMANT Mary E. Hueman

(Address) 2518 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan 27 1936

19. UNDERTAKER Geo M. Fusco Son

(Address) 811 N Wolfe st

28 1936 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1936

22. I HEREBY CERTIFY, That I attended deceased from March 33 to 1-26 1936

I last saw him alive on 1-25 1936. Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Edema	3 hrs
Other contributory causes of importance: Pneumonia Edema	4 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If [illegible] specify .....

(Signed) Edward Lewis M. D.

(Address) 4137 Washington Blvd

F 20090

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20090

CERTIFICATE OF DEATH

X 89-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 5-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Ann Scheve

(a) Residence: No. Johnny Cake Rd St., ... Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME John Bernard Scheve

14. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

15. MAIDEN NAME Etta Boswell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John B. Scheve
(Address) Woodlawn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Jan. 29 1936

19. UNDERTAKER Easton Bros
(Address) Edmondson City

20. FILED JAN 27 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1935 to Jan 26, 1936.

I last saw her alive on Jan. 26, 1936 Death is said to have occurred on the date stated above, at 12 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media	12-30-35
Bronchio Pneumonia	1-4-36
Empyema	1-18-36
Mastoiditis	1-23-36

Other contributory causes of importance:

Was an operation performed? Thoracotomy Date of .....

For what disease or injury? Empyema

Name of operation Thoracotomy Date of 1-21-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) Lewis B Whiting M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

F 20091

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20091

34-C-95B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Asquith St. St., 9-8 Ward)

Length of residence in city or town where death occurred 32 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Jarde E. Whitten

(a) Residence: No. 2315 Asquith St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Vincent

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	----	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Connecticut

FATHER

13. NAME George Whitten

14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER

15. MAIDEN NAME M. Manly

16. BIRTHPLACE (city or town) (State or country) Connecticut

17. INFORMANT Mrs. Jarde E. Whitten

(Address) 2315 Asquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/28 . 19 36

19. UNDERTAKER Mary M. Whitfield

(Address) 2315 Asquith St.

20. FILED ..... 19 .. Registrar

JAN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1936 to Jan 27th 1936

I last saw him alive on Jan. 27th 1936 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortitis	3 yrs.
Cardiac Hypertrophy	.. ..
Other contributory causes of importance:	
Chronic Arthritis	10 yrs

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George E. Cross M. D.

(Address) 78 W 25th St.

M. D. H. 1268-9

F 20092

20092 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Monastery Ave. St., 20-8 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME BABY WILLIAMS

(a) Residence: No. 11 Monastery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			One

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Etie Marks

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William Williams
(Address) 11 Monastery Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Jan. 29, 1936

19. UNDERTAKER Chas. F. Grace & Son
(Address) 115 W. Mt. Royal Ave.

20. FILED ____, 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Inquiry, to ____, 19__
I last saw h__ alive on Inquiry, 19__ Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectiasis	
(Lungs failed to open)	
Other contributory causes of importance:	

Name of operation No, Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. J. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave.

F 20093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Hubbard St., 5-1 Ward)

Registered No. F 20093

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Smallwood

(a) Residence: No. 516 Hubbert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	col.	Sngl

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) F

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER FATHER

13. NAME I don't know

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME I don't know.

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Harry Caprow (Address) 52 N. Central ave.

18. BURIAL, CREMATION, OR REMOVAL Cremated 36

Place Mt Calvary Date Oct 2 19

19. UNDERTAKER Milton Davis (Address) 1624 E Monument

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 27/1 1936

22. I HEREBY CERTIFY, That I attended deceased from 26/Jan. 1936 to 27/Jan. 1936

I last saw her alive on 27/1 1936 Death is said to have occurred on the date stated above, at 4.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	

Other contributory causes of importance:

Acute heart failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mayfield Lowe M. D.

(Address) 420 N. Carolina

F 20094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Sta. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Pate

(a) Residence: No. 1114 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 28-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	21 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber Asst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Heller & Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cerro Virginia

FATHER

13. NAME James Pate

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Sutton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hattie Davenport

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place Auburn Cemetery Date Jan 29 1936

19. UNDERTAKER Adolphus Halstead

(Address) 9 N Bond St Balto

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18-1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	(Month) (Day) (Year)
	1/8
	1936

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen M. D.

Coroner

(Address) 50 E Ausgutt St

OCCUPATION is very important. See instructions on back of certificate.

20095 F 20095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Willie L Coombs

If U. S. Veteran specify WAR

(a) Residence: No. Pronpkinsville St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Coombs

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co., Maryland

FATHER

13. NAME Thomas Tayler

14. BIRTHPLACE (city or town) (State or country) Charles Co, Md.

MOTHER

15. MAIDEN NAME Anne Colbert

16. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

17. INFORMANT John Coombs

(Address) 1111 W. Conway St.

18. BURIAL, CREMATION, OR REMOVAL

Place Charles Cemet Date 7/1/35 19

19. UNDERTAKER Isaac L Brown & Son

(Address) 108 W Montgomery St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-8 , 1935, to 1-28 , 1936

I last saw h[illegible] alive on 1-28 , 1936 Death is said to have occurred on the date stated above, at 4:00 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident	12-6-35
" "	1-25-36

Other contributory causes of importance:

Hypertension on Arteriosclerosis

10-15-[illegible]

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Nub Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Jackson , M. D.

(Address) 1[illegible] McCulloh St

F 20096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20096

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2222 Linden St. 13-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 mos. da. How long in U. S. If of foreign birth? 50 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Barney Rashinsky

(a) Residence: No. 2222 Linden ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coats

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Aaron Rashinsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reashid

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Barr
(Address) 2222 Linden ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 1/29/36 19

19. UNDERTAKER Lasky Bros Inc
(Address) 1739 E. Baltimore st

FILED 19 Registrar.

JAN 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1936 to 1/28 1936

I last saw him alive on 1/28 1936 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia 3 days	

Other contributory causes of importance: Chronic Nephritis Myocarditis + Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Was there an autopsy? No

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dan Drachman M. D.

(Address) 1222 Linden ave

20097 F 20097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Annah Ave 16-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John F. Jacobs.

(a) Residence: No. 2310 Annah Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Marie C. Jacobs.

6. DATE OF BIRTH (month, day, year): Aug. 12, 1875

7. AGE: Years 60 | Months 5 | Days 15 | If LESS than 1 day, hrs. ..... or min. .....

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wood Turner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country): York Pa

13. NAME: Davil W. Jacobs.

14. BIRTHPLACE (city or town) (State or country): York Pa

MOTHER

15. MAIDEN NAME: Amanda Strayer

16. BIRTHPLACE (city or town) (State or country): York Pa

17. INFORMANT (Address): Mrs. Marie C. Jacobs 2310 Annah Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Carmel Date Jan. 29 1936

19. UNDERTAKER (Address): Wm. Tinthaus Sons Monroe & Fulton Ave.

20. FILED Jan 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1931. to Jan. 27 1936.

I last saw him alive on Jan. 26 1936. Death is said to have occurred on the date stated above, at 1030a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Other contributory causes of importance: Influenza Nephritis	1934

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? - Was there an autopsy? no

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ira Robert Keech M. D.

(Address) 2402 Calvert Bldg

F 20098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 S. Bond St., 2-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Meyer

(a) Residence: No. 721 S Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Dabry

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dr Frank S. Lyman

(Address) 4303 Ridgely Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date January 30 1936

19. UNDERTAKER George A. Weber

(Address) 701 E. Preston St

20. FILED Jan 30 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

Probably X

21. DATE OF DEATH (month, day, year) Jan 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Elephantiasis both legs.	
Other contributory causes of importance: Probably myocardial failure	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
(Coroner)

(Address) 6105 - Elmora Ave

F 20099

F 20052

309 852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Perry

(a) Residence: No. 911 Homewood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/11/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Perry

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliza Hawkins

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem. Date Jan 29th 1936

19. UNDERTAKER Mrs A. A. Elliott - daughter
(Address) 1129 N. Hazelwood Ave Huntington Pittsburgh, Pa.

FILED JAN 29 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1936, to Jan 27, 1936

I last saw him alive on Jan 26, 1936 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis pneumococcus	about Jan 23

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins

F 20100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 S. Durham St. St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Koscielski

If U. S. Veteran specify WAR .....

(a) Residence: No. 710 S. Durham St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Koscielski

6. DATE OF BIRTH (month, day, year) Sept. 16 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	4	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Rubenkonig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Mueller

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT John Koscielski (Husband) (Address) 710 S. Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Jan 30 36

19. UNDERTAKER Lilly & Zeiler Inc. (Address) 405 S. Wolfe

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 36, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1936 to Jan. 27, 1936

I last saw h[illegible] alive on Jan. 26, 1936 Death is said to have occurred on the date stated above, at 3.2[illegible] m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Aortic Insufficiency Dearranged

Date of onset ...

Other contributory causes of importance:

Chronic Nephritis

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Andrew Nemoworks, M. D.

(Address) 2024 Eastern Ave.

F 20101

F 20101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 Gough St. St., 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry C. Schreiber

If U. S. Veteran specify WAR

(a) Residence: No. 1935 Gough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schreiber

6. DATE OF BIRTH (month, day, year) Jan. 6 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62		19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meadeville Pa.

FATHER

13. NAME George Schreiber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Schreiber (wife)
(Address) 1935 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 30. 19

19. UNDERTAKER Lilly - Heilenbrun
(Address) 903 S Wolfe St.

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26/36 19

22. I HEREBY CERTIFY, That I attended deceased from Mch 27 19 35 to Jan 26 19 36

I last saw h alive on Jan 26 19 36 Death is said to have occurred on the date stated above, at 4.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	about Mch, 29-35

Other contributory causes of importance:

Was an operation performed? Yes Date of June, 35

For what disease or injury? Carcinoma

Name of operation Exploratory Date of 20

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Heller M.D. M. D.

(Address) 1937 Gough St

M. D. B. 1268-9

F 20102

F 20102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 N Mount St., 16-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alberta Braden Brown

(a) Residence: No. 1123 N Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cordelia Brown

6. DATE OF BIRTH (month, day, year) Oct. 14, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Charles Brown
(Address) 1123 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/30 1936

19. UNDERTAKER Thomas C. Nelson
(Address) 1303 Pennsylvania Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27 1936

22. I HEREBY CERTIFY—That I attended deceased from Nov 25 1935 to 1/27 1936

I last saw him alive on 1/27 1936 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis myocard. Tbs & Nephritis	1/25/36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) B. J. Kalefat M. D.

(Address) 1715 Pa Ave.

F 20103

F 20103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ x 157-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rudolph Stokes

(a) Residence: No. 820 J St. Spanrows Point, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	colored	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rachel Wheeling

16. BIRTHPLACE (city or town) (State or country) unknown!

17. INFORMANT another (adopted)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1-29 1936

19. UNDERTAKER Thomas E. Nelson

(Address) 1328 Eastman St.

20. FILED JAN 29 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1935 to Jan 25 1936

I last saw him alive on Jan 25 1936 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Hydrocephalus	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Walter Shewington M. D.

(Address) 1606 Pennsylvania Ave.

F 20104

F 20104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Titus Brown, Jr.,

(a) Residence: No. 1006 W. Lanvale St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie

6. DATE OF BIRTH (month, day, year) 8-4-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	68	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Titus

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sophie Afton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospt.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/30 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Preastman St.

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/26 1936 to 1/27 1936

I last saw him alive on 1/27 1936 Death is said to have occurred on the date stated above, at 5-40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia	3 days
Benign prostatic hypertrophy & resulting uremia	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Roberta Reitz M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 20105

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20105

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1424 N Mount St., 15-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James S. Neal
(a) Residence: No. 1424 N Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
17 16	17	11	2924	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at (this occupation (month and year))
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME James Neal, William Neal
14. BIRTHPLACE (city or town) (State or country) Balto. Md
15. MAIDEN NAME Violetta Dorsey
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Family
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1-29-36

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman St.

FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936, to Jan 26, 1936
I last saw him alive on Jan 25, 1936 Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar pneumonia	
Other contributory causes of importance: acute myocarditis	

Name of operation none Date of
What test confirmed diagnosis? Merck Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Luther P. Tuttle M. D.
(Address) 1409 Edmondson Ave

20106 (Tamberrino) V F 20106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 404 S. Eutaw St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonio Tamberrino
If U. S. Veteran specify WAR

(a) Residence: No. 404 S. Eutaw St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Tamberrino

6. DATE OF BIRTH (month, day, year) Nov 28-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	27 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bait Mfr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Andrea Tamberrino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Fedele Di Fala

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary Tamberrino
(Address) 404 S Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 30, 1936

19. UNDERTAKER Martin J. & E. Dippel
(Address) 37 S. Amity St

Filed JAN 29 1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1936 to Jan 27, 1936
I last saw h alive on Jan 26, 1936 Death is said to have occurred on the date stated above, at 1230 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	
Other contributory causes of importance: Exhaustion	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Luigi S. DeStefano M. D.
(Address) 407 S. Eutaw St

20107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Myrtle Kroeger

(a) Residence: No. 3106 Walbrook Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Mr. Milton H. Kroeger

6. DATE OF BIRTH (month, day, year) Sept. 17 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Chas. E. Lenz.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Matilda Schulze.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Milton H. Kroeger.

(Address) 3106 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date 1/29/36

19. UNDERTAKER (Address) Jno. Chas. & E. Rohde 2327 Edmondson Ave

1936 Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1936 to 1-27 1936.

I last saw her alive on 1-27 1936. Death is said to have occurred on the date stated above, at 11:55 A.m.

The principal cause of death and related causes of importance were as follows:

(a) Cellulitis of face and scalp, Streptococcus hemolyticus

Date of onset

Other contributory causes of importance:

Pneumonia (acute)

Was an operation performed? Yes Date of 1-17-36

For what disease or injury? Cellulitis of face & scalp.

Name of operation Incision & drainage Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. M. Barnes M. D.

(Address) Maryland General Hosp.

Spec.—1-30—M. & T.—250 Bks

F 20108

F 20108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 4627 Kenwick Road ST., 27 WARD)

2-FULL NAME Helen Maria Donaldson

(a) RESIDENCE NO. 4627 Kenwick ST., 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed or divorced HUSBAND of or) WIFE of: William Andrew Donaldson

6 DATE OF BIRTH (month, day, and year): June 17, 1844

7 AGE: Years 89 | Months 5 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Jessups Howard Co Md

10 NAME OF FATHER: Joseph Lakelton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Alice Reid

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

PARENTS

14 Informant: Mary Lakeland Donnelly (Address) 4627 Kenwick Road

15 Filed ____ 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 28. 1936

17 I HEREBY CERTIFY, That I attended deceased from November 24. 1935 to January 28. 1936.

That I last saw her alive on January 27. 1936.

and that death occurred, on the date stated above, at 8 pm m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal

about (duration) 10 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) one yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) William F. Fodd M. D.

19 (Address) 2217 Erich Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem Balto

DATE OF BURIAL: Jan 29 1936

20 UNDERTAKER: W S Marshall

ADDRESS: 3539 Fait Ave

20109 ✓ F 20109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maria Carter

(a) Residence: No. 1022 N. Stricker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) 12-27-1869 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	65 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mery Jones

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 1/31/36

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/27 1934 to 1/28 1936

I last saw her alive on 1/28 1936 Death is said to have occurred on the date stated above, at 5-15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4 mo.
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

✓ F 20110

20110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.
CITY OF BALTIMORE: (No. ..... St., 4-4 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR ...

2. FULL NAME: Arthur Williams

(a) Residence: No. R. F. D. #10 Sparrows Pt. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Williams

6. DATE OF BIRTH (month, day, year) ... 2

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tin Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Beth Steel Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country): England
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): England
17. INFORMANT: Mrs. Mary Williams
(Address) Edgemere Md.
18. BURIAL, CREMATION, OR REMOVAL
Place Irvelands Date 2/1/ 1936
19. UNDERTAKER: Thos. F. Connelly
(Address) Essex Md.
20. FILED ... 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1936
22. I HEREBY CERTIFY, That I attended deceased from January 20 1936 to Jan 28 1936
I last saw h. alive on Jan 28 1936. Death is said to have occurred on the date stated above, at 3.26 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia	
Other contributory causes of importance:	

Was an operation performed? ✓ Date of ✓
For what disease or injury? ✓
Name of operation ✓ Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. M. Wagneller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

S. D. B 1268-9

✓ F 20111

20111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. ____ Ward)

Length of residence in city or town where death occurred ____ yrs. 6 mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME James Murphy

(a) Residence: No. 500 S. Tolna St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ×

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Anthony Pasagro

(Address) Middleprop Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date 2/1/ 1936

19. UNDERTAKER Thos. F. Connelly & Son Inc.

(Address) ____

20. FILED ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral afflexia	

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____ 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) H. W. Wright, M. D.
Coroner

(Address) 1010 S. Edward Ave.

1936

RFM

F 20112

20112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 10-297

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto., City Hospital St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Cunningham

(a) Residence: No. 819 Wilmot St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): May 25, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 yrs.	8mo.	3dys	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Dec. 1935

11. Total time (years) spent in this occupation: 20yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Michael Cunningham

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ann Mea

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Jan 31 1936

19. UNDERTAKER: Edward A. Conklin

(Address): 524 S. Eager st.

20. Filed JAN 31 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/21 1936 to 1/28 1936

I last saw her alive on 1/28 1936 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Senility	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Coddington Road

M. D. B. 1268-9

F 20113

0113

HEALTH DEPARTMENT—CITY OF BALTIMORE U-2553

CERTIFICATE OF DEATH

34-J-83

Registered No.

1. PLACE OF DEATH Baltimore City Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. St., 18-1 Ward)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Reid

(a) Residence: No. 929 W. Franklin Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-6-80

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Frank Reid

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Emily Sample

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/31, 1936

19. UNDERTAKER Leonard Berman Sr
(Address) 1050 Monument St

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-36

22. I HEREBY CERTIFY, That I attended deceased from 2-5-35, 19 to 1-28-36, 19

I last saw him alive on 1-28-36, 19 Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	1-26-36

Other contributory causes of importance:

General Paresis	Unk.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Reynolds, M. D.

(Address) Baltimore City Hospital

M. D. P. 1268-9

20114

F 20114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Bon Secours Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. 20-6 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Patrick McHale

(a) Residence: No. 2152 Wilkens Avenue Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 10 1905

8. AGE: Years 30 Months 11 Days 25 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker Helper

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) Ireland

14. NAME Michael H. McHale

15. BIRTHPLACE (city or town) (State or country) Ireland

16. MAIDEN NAME Margaret Stevens

17. BIRTHPLACE (city or town) (State or country) Ireland

18. INFORMANT Hospt Record
(Address)

19. BURIAL, CREMATION, OR REMOVAL Cathedral Cem 1-30-36
Place

20. UNDERTAKER Inge & Fuller
(Address) Fulton & Fayette

FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-21 1936 to 1-27 1936

I last saw h/m alive on 1-27 1936 Death is said to have occurred on the date stated above, at 8 5/4 m.

The principal cause of death and related causes of importance were as follows: Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Shannahan M.D.

(Address) Bon Secours Hospital

Schnauffer ✓ F 20115

20115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bal Hosp in 22-7 St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby (girl) Schnauffer If U. S. Veteran specify WAR .....

(a) Residence: No. 2818 Fremont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-2 hour

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Baby Schnauffer

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Margaret Litchenwalter

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Margaret Schnauffer
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 29 1936

19. UNDERTAKER .....
(Address)

FILED 1936 2063

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-27-1936, to 1-29-1936

I last saw h alive on 1-29, 1936 death is said to have occurred on the date stated above, at 10.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	

Other contributory causes of importance: Congenital Debility

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M. J. Cooney, M. D.

(Address) Bal. Hospital

20116 E 20116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Maryland General Hosp. Registered No. .....
CITY OF BALTIMORE: (No. ..... St., 8 ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....
2. FULL NAME Mary C. Fiechter
(a) Residence: No. 1715 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Otto B. Fischer
7. DATE OF BIRTH (month, day, year): Oct 9 1866
8. AGE: Years 64 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....
12. BIRTHPLACE (city or town) (State or country): Baltimore Md.
13. NAME: John D Mengus
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Christine Hotton
16. BIRTHPLACE (city or town) (State or country): Germany
17. INFORMANT: Antoinette F Carter
(Address) 1715 N. Bond St.
18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: Jan 31 1936
19. UNDERTAKER: Harry A. Arbogast Son
(Address) 4104 Reisterstown Ave
20. FILED: Jan 31 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936 to Jan 28 1936
I last saw her alive on Jan 28 1936 Death is said to have occurred on the date stated above, at 10 30 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
Date of onset .....
Other contributory causes of importance: Mesenteric Thrombosis
Was an operation performed? No Date Jan 17, 1936
For what disease or injury? Carcinoma of Stomach
Name of operation: Gastrectomy Date of 1-17-36
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) [illegible] M. D.
(Address) [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

20117 E 20117

20117

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Guiseppa (Josephine) Alesi

(a) Residence: No. 602 S. Kenwood Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dominico Alesi

6. DATE OF BIRTH (month, day, year) (Unknown)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Francisco Cottone

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Baldassare (Benjamin) Alesi

(Address) 602 S. Kenwood Ave. (Son)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Jan 30 19 36

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1755 Harford Ave.

FILED JAN 30 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquiry~~ inquiry thereon and from the evidence obtained by said ~~Inquest~~ Autopsy or inquiry and that said deceased came to ~~her~~ his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave

M. D. B. 1268-3

F 20118

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20118

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Druid Hill Park Terminal Car Barns St., 15-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carroll C. McAllister If U. S. Veteran specify WAR World War

(a) Residence: No. 418 N Fulton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 5, 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
92	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driving ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER FATHER

13. NAME Geo F. McAllister

14. BIRTHPLACE (city or town) Washington
(State or country) D. C.

15. MAIDEN NAME Emma A Shuttle

16. BIRTHPLACE (city or town) Hagerstown
(State or country) Md

17. INFORMANT Geo F McAllister
(Address) 418 N Fulton ave

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Date Jan 31st 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1936

22. I HEREBY CERTIFY, That I last saw the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. H. Dieudonné M. D.
Coroner

(Address) Coroner

M. D. B. 1268-9

F 20119

F 20119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 N. Gay St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lyrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Erdman

No Wen Record

(a) Residence: No. 1240 N Gay St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo McIvin Erdman

7. DATE OF BIRTH (month, day, year) Nov 25th 1881

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wm Miller

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Emma (Unknown)

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo M. Erdman

(Address) 1240 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 1/31 36

19. UNDERTAKER Wm Cole

(Address) 1317 E Pratt St

(Signed) Huntington Undertaking Co. (Undertaker)

JAN 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1935 to Jan. 28th 1936.

I last saw h alive on Jan 26 1936, Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
Cardiac Decompensation	

Other contributory causes of importance:

Acute Cardiac Dilatation	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Irig J. Litton M. D.

(Address) 1306 E Monument

M. D. P. 1268-9

F 20120

20120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4801 Arabia Ave St., 27-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosalia Fr Dean

(a) Residence: No. 4801 Arabia Ave St., Ward. No Record

(Usual place of abode) 70 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: ~~HUSBAND~~ (or) WIFE of Ira Dean

7. DATE OF BIRTH (month, day, year): June 13th 1849

8. AGE: Years 86 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): City Point Va

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Anna ?

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Alice Stephens

(Address) Salisbury Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 1/30, 36

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

JAN 30 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1936 to Jan 28, 1936

I last saw her alive on Jan 27, 1936. Death is said to have occurred on the date stated above, at 5.35 A m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from rectum and Bronchopneumonia — Date of onset

Other contributory causes of importance:

Cancer of Bowel (Sigmoid)

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Lewis, M. D.

(Address) 1/28/36 4702 Harford Rd

F 20121

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20121

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp St. 20-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margarete Willis
If U. S. Veteran specify WAR No Record

(a) Residence: No. 520 Dennison St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~ widowed, ~~or divorced~~ (or) ~~HUSBAND of~~ WIFE of James A. Willis

7. DATE OF BIRTH (month, day, year) Dec 18th 1867

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) Jan 1936
11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md.

13. NAME Leonard Flaherty
14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

15. MAIDEN NAME Rebecca Robinson
16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Mrs S. W. Albrecht
(Address) 520 N. Dennison St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 1st 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED JAN 30 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-24-36 . 19 . to 1-29-36 . 19

I last saw her alive on 1-29-36 . 19 Death is said to have occurred on the date stated above, at 5:49 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid & metastasis to Liver	

Other contributory causes of importance: Myo-cardial Failure

Was an operation performed? Yes Date of 1-24-36
For what disease or injury? Intestinal Obst.
Name of operation Colostomy Date of 1-24-36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. P. Stephens M. D.
(Address) Md. Gen. Hosp

F 20122 F 20122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 S. Washington St. Ward 9-1)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis N. Geisler

(a) Residence: No. 18 S. Washington St. Ward 29

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie M

6. DATE OF BIRTH (month, day, year): May 28/54

7. AGE — Years: 81 — Months: 8 — Days: — If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lemon Retuse acute

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto.

13. NAME: Nicholas Geisler

14. BIRTHPLACE (city or town) (State or country): Germany ?

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Jennie M Geisler

(Address) 18 S Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 31 19 5

19. UNDERTAKER: Mitchell & Offutt

(Address) 518 Cathedral St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to Jan 28, 1936

I last saw him alive on Jan 26, 1936 Death is said to have occurred on the date stated above, at 8 55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 16 1932
& Cardio Vascular disease	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. Keller M. D.

(Address) 1937 Gough St

M. D. P. 1268-9

E 20123

20123 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for the Women of Maryland, Baltimore Md. Registered No.

CITY OF BALTIMORE: (No. St., 15 Ward 8) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Lela C. Pitt

(a) Residence: No. 3708 Sperindale Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 8. 1872

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) Baltimore Md.

14. NAME William Pitt

15. BIRTHPLACE (city or town) (State or country) Md.

16. MAIDEN NAME Emma F. Cole

17. BIRTHPLACE (city or town) (State or country) Md.

18. INFORMANT Thos. C. Pitt

(Address) 1119 Hanway & Boyle St

19. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Jan 30 1936

20. UNDERTAKER Wm. H. Mitchell Sons

(Address) 1300 Eutaw Place

21. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1935 to January 28, 1936. I last saw h e y alive on January 27, 1936. Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arterio-sclerosis generalized	2.
2. Hypertension	2.
3. Hypertensive heart disease	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry M. Hexam M. D.

(Address) Womens Hospital

20124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20124

92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3202 Ruckert Ave St., 27-3 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Ira Hilton

If U. S. Veteran specify WAR ——

(a) Residence: No. 3202 Ruckert Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Hilton

6. DATE OF BIRTH (month, day, year) Nov. 14, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Dec. 23, 1933

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Wm T. Hilton

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME E. Rebecca Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md. Maryland

17. INFORMANT Mrs Wm E. Hilton

(Address) 3202 Ruckert Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Feb. 1, 1936

19. UNDERTAKER Fredk. Lassahn & Son

(Address) 7401 Belair Rd.

20. FILED FEB 3 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1935 to Jan 29, 1936

I last saw him alive on Jan 29, 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance:

Chronic Endocarditis & Myocarditis.

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. Lewis M. D.

(Address) 47 Bolton Pl. 1/31/36

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20125

20125

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 9-9 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Friedricka Ellinger

(a) Residence: No. Harford Rd. Carney Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob W. Ellinger

DATE OF BIRTH (month, day, year) Dec. 20, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 10, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick Schick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. J. W. Ellinger

(Address) Harford Rd. Carney

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 31, 1936

UNDERTAKER Fredk. Lashahn & Son

(Address) 7401 Belair Rd.

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28th, 1936

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fracture L neck of right femur

Date of onset

Other contributory causes of importance:

Pulmonary embolism

Name of operation None Date of

What test confirmed diagnosis Clinical + X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 10, 1936

Where did injury occur? Front of Home Carney Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fall on ice (Home)

Manner of injury Fell on ice

Nature of injury Fracture L neck right femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

20126

CERTIFICATE OF DEATH

+ 194-B

20126

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 9-9 (Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl B. Sterling

(a) Residence: No. Ebenezer Rd. Middle River Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lora M. Sterling

DATE OF BIRTH (month, day, year) July 23, 1902

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Logger Pole

10. Date deceased last worked at this occupation (month and year) Jan. 26 1936

11. Total time (years) spent in this occupation 2 mos

12. BIRTHPLACE (city or town) (State or country) Middle River, Md

13. NAME William E. Sterling

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Lizzie Winkles

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs E.B. Sterling

(Address) Ebenezer Rd. Middle River Md.

BURIAL, CREMATION, OR REMOVAL

Place Ebenezer Cem Date Jan 31, 1936

UNDERTAKER Fredk. Lassahn & Son

(Address) 7401 Belair Rd.

FILED , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28th, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other **contributory causes** of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/27, 1936

Where did injury occur? Middle River Md.
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place Public Place

Manner of injury A tree fell on head,

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave

F 20127

F 20127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-3 ✓ 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Kiel

(a) Residence No. 575 Laurens St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 22 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machienest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Dock

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Fred Kiel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daughter Margaret Kiel
(Address) 575 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL New Cathedral July 1st 1936

19. UNDERTAKER Geo M. Gruic & Son
(Address) 84 N. Howard St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. R. Williams M. D.

(Address) 2767 W. Lombard

Spec.—8-16-29—L. F. S.—100 Blks.

20128 Jones F 20128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1620 Pittsington Ave REGISTERED NO. 131

CITY OF BALTIMORE: (No.) Baltimore ST. (Ward) 17

2—FULL NAME John T. Jones

(a) RESIDENCE NO. 1620 W. Key. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life How long in U. S., if foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Jones

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: Thos. P. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

Informant: Elmer Jones

(Address) 640 Patterson Ave

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-36

17 I HEREBY CERTIFY, That I attended deceased from 12/12/35, 19... to 1/27/36, 19...

that I last saw h... alive on 1/27/36, 19...

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Senile Weakness

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Burkhardt M. D.

1/29/36 (Address) 524 W. Conway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery

DATE OF BURIAL: 1-30-1936

20 UNDERTAKER: Jos. Geo. Holland

ADDRESS: 1631 Div

F 20129 — 100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20129

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 524 N. Carey St ST., Baltimore WARD)

2—FULL NAME Charles Dungee

(a) RESIDENCE NO. 524 N. Carey St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Dungee

7 DATE OF BIRTH (month, day, and year) Nov 7 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer) Pool Organist

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John B. Dungee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ambrosius

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Julia Dungee

(Address) 524 N. Carey St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29-36

17 I HEREBY CERTIFY, That I attended deceased from 1/19/36 19 ..., to 1/28/36 19 ...,

that I last saw him alive on 1/28/36, 19 ...

and that death occurred, on the date stated above, at 8.20 m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hardening Arteries

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? 2

(Signed) M. A. Gartrell M. D.

(Address) 524 N. Carey

1/29/36

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Feb 2 1936

20 UNDERTAKER Samuel M. Case Son ADDRESS 638 N. Gilmor

F 20130

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20130

CERTIFICATE OF DEATH

92-a

Registered No. 18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 Hollins St. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Houck

If U. S. Veteran specify WAR

(a) Residence: No. 1138 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie E. Houck

DATE OF BIRTH (month, day, year) Oct 29, 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Methodist Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME William Houck

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Janie J Lylor

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Clarence E. Houck

(Address) 58 Link Ave, Halethorpe

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem

Friendship Anne Arundel Feb 1, 1936

19. UNDERTAKER Chenoweth & Lor

(Address) 36 15-17 Chestnut Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1936 to Jan 28, 1936

I last saw him alive on Jan 27, 1936 Death is said to have occurred on the date stated above, at 2.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward A Morgan, M. D.

(Address) 1216 W Fayette

F 20131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20131

CERTIFICATE OF DEATH

46a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sth Balto. Gen. Hosp. St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Spriddle

(a) Residence: No. 903 Plum St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58 58	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME John Spriddle

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Martha Wood

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Nellie Spriddle

(Address) 668 Hanover St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 1, 1936

UNDERTAKER James A. Lloyd

(Address) 142 Ostend St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1935 to Jan 28, 1936

I last saw him alive on Jan. 28, 1936. Death is said to have occurred on the date stated above, at 7.50 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? Yes Date of Oct 29, 1935

For what disease or injury? Carcinoma of esophagus

Name of operation Gastrostomy Date of 9/27/35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James L. Yeff, M. D.

(Address) 1213 Light St

H. D. B 1268-9

20132 HEALTH DEPARTMENT—CITY OF BALTIMORE 20132

CERTIFICATE OF DEATH

34-93-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1659 Division St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Myrtle Farr

If U. S. Veteran specify WAR .....

(a) Residence: No. 1659 Division St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 7, 1902

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	0	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Charles E. Waltz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah Washington

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

INFORMANT Mrs. Mayo.

(Address) 1659 Division

BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cemetery Date Jan 30 1936

UNDERTAKER Arthur Halstead

(Address) 1218 Hanover St

FILED JAN 30 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above, 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Myocarditis.	
(b) Influenza	
(c)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. J. Lam Coroner M. D.

(Address) 1218 Hanover

9349

HEALTH DEPARTMENT—CITY OF BALTIMORE

20133 20133 ✓ 349-1070

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Dorsey

(a) Residence: No. 1110 Carson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9-18-[illegible]0

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65-	~~76~~	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Date Jan 31 1936

UNDERTAKER V. A. Brooks
(Address) 1463 N. Carey St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/17, 1936 to 1/27, 1936

I last saw her alive on 1/27, 1936 Death is said to have occurred on the date stated above, at 2 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days
Other contributory causes of importance	1 year

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 20134

20134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Edgewood Sanatorium

CITY OF BALTIMORE: (No. 6000 Bellona ave St.) (27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sallie Ann Harwood

(a) Residence: No. 6000 Bellona ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 22 1842

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ky.

13. NAME OF FATHER Pendelton Harwood

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME OF MOTHER Jane McHenry

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT (Address) Chas M. Harwood #2 Merryman Court

BURIAL, CREMATION, OR REMOVAL Place Shelbyville Ky. Date Jan 30 1936

UNDERTAKER (Address) Henry J. Watkins Sons Co. McCulloh & Orchard Sts

Registrar

JAN 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1930 to Jan 27th 1936

I last saw her alive on Jan 27th 1936. Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	Jan 1930
Coronary Thrombosis	Jan 27/36
Other contributory causes of importance:	
Arteriosclerosis.	years

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. E. Calvert M. D.

(Address) 130 W. Cold St

D. B. 1268-9

20135 HEALTH DEPARTMENT—CITY OF BALTIMORE E 20135

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. 23-1 Ward)

Length of residence in city or town where death occurred 62 yrs --- mos --- ds. How long in U. S. If of foreign birth? --- yrs --- mos --- ds.

2. FULL NAME Katherine Bissert.

(a) Residence: No. 1421 Race St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, ~~DIVORCED~~
(or) WIFE of Jacob Bissert.

DATE OF BIRTH (month, day, year) May 16, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Ernestine Bissert. (daughter)

(Address) 1421 Race St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Mem Date Jan 30, 1936

19. UNDERTAKER A. Ward & Sons

(Address) 1400-02 E. Baltimore St.

20. FILED Jan 30 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from ---, 19--- to ---, 19---

I last saw h--- alive on ---, 19--- Death is said to have occurred on the date stated above, at 8.15 a. m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ---, 19---

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, Specify.

(Signed) Otto Reinhardt, M. D. Coroner

1/29/36 (Address) 1017 E. Charles St.

20136 F 20136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 12-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2337 Druid Hill St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME Freda Freda Hiner If U. S. Veteran specify WAR

(a) Residence: No. 2337 Druid Hill St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Hiner

7. DATE OF BIRTH (month, day, year) May 5, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME William Leighman

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

15. MAIDEN NAME Eliza Jackson

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

INFORMANT Harry Hiner

(Address) 2337 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/1/36, 19

UNDERTAKER Jno. Geo. H. Holland

(Address) 1631 Druid Hill Ave

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25, 36

22. I HEREBY CERTIFY, That I attended deceased from 1/25, 19 36, to 1/25, 19 36

I last saw h alive on 1/25, 19 36. Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.

Pneumonia

Date of onset	

Other contributory causes of importance: (Have been his family physician for 25 yrs)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Burton Lee Wilson, M. D.

(Address) 2337 Druid Hill Ave

D. B. 1268-9

20137 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 20137

CERTIFICATE OF DEATH

1186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St.) (Ward) 21 - (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pembroke H. Harriss.

(a) Residence: No. 1318 S. Carey St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced, HUSBAND of Martha Harriss.

6. DATE OF BIRTH (month, day, year) June 15, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker. ob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Martha Harriss. (wife)

(Address) 1318 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemtry Date 1/30/ 1936

19. UNDERTAKER Geo Leimbach

(Address) 525 Lyndhurst St. City

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	
Myocardial insufficiency.	
Fell to the ground from a 2nd story window.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell at South Baltimore General Hosp.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

1/29/36 (Address) 1017 E. Charles St.

M. D. B 1269-8

F 20138

20138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH BonSecour Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-6 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank W. Kane

(a) Residence: No. 3046 Edmondson Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aurelia Kane

6. DATE OF BIRTH (month, day, year) Oct. 16th 1887

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or min.
	48	3	17 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soda Fountains

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER FATHER

13. NAME John D. Kane

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Mary Wells

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Aurelia Kane.

(Address) 3046 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan. 30, 1936

19. UNDERTAKER Geo A. Fahey

(Address) 100 W. Fayette St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above. 6 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Chilcoat M. D.

Coroner.

(Address) 1939 Edmondson Ave.

20139 F 20139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Willie Jones

(a) Residence: No. 1620 Riggs Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Creme, Va

13. NAME Wilson Jones

14. BIRTHPLACE (city or town) (State or country) Creme Va

15. MAIDEN NAME Rebecca Watson

16. BIRTHPLACE (city or town) (State or country) Creme Va

INFORMANT Mary Williams

(Address) 1620 Riggs ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1-30-36, 19

UNDERTAKER Thomas E. Nelson

(Address) 1303 Brerstmann St

FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936 to Jan 28, 1936

I last saw h[illegible] alive on Jan 28, 1936 Death is said to have occurred on the date stated above, at 1[illegible]9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Meningococcus meningitis	1-23-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schweitzer M. D.

(Address) Sydenham Hospital

20140 ✓ F 20140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 26-4 492-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3416 E. Fairmount Ave. St., 26 Ward)

Length of residence in city or town where death occurred 61 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Agnes Lauer

(a) Residence: No. 3416 E. Fairmount Ave., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Lauer

6. DATE OF BIRTH (month, day, year) Apr. 23, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Michael J. Lauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary C. Fales

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Charles A. Lauer (Son)

(Address) 3416 E. Fairmount Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan. 31, 1936

19. UNDERTAKER John F. Henry

(Address) 715 Eutaw St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1933, to January 28, 1936.

I last saw her alive on January 28, 1936. Death is said to have occurred on the date stated above, at 2.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Unknown
Chronic Endocarditis	Unknown
Chronic Myocarditis	Unknown
Other contributory causes of importance: Acute Endocarditis	1/24/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) Philibert Artigiani, M. D.

(Address) 2942 East Fayette Street

F 20141

20141 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH South Baltimore Gen. Hospital Registered No. 254

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia Jacobs

(a) Residence: No. 404 Patapsco Ave St., Brooklyn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Jacobs

7. DATE OF BIRTH (month, day, year) Sept 12 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Basil Browning

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Mary J Dixon

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Mrs James A Jacobs
(Address) 404 Patapsco Ave

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 1 1936

UNDERTAKER John F Denny
(Address) 715 Light St

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29 1936

22. I HEREBY CERTIFY, That I attended deceased from January 17 1936 to January 29 1936

Last saw her alive on January 29 1936 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/21/36
Other contributory causes of importance: Diabetes & arteriosclerotic gangrene of left toes	2

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Durgin M. D.

(Address) South Baltimore Hosp.

M. D. B. 1269-9

F 20142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., ... Ward) 5-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dolores Tillery

(a) Residence: No. 516 N. Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 15, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	0	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Henry Tillery

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Lethea Tillery

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Henry Tillery

(Address) 516 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cem Date Jan 30, 36

19. UNDERTAKER Raimer Sanders

(Address) 1413 E. Preston St

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schuster, M. D. Coroner

(Address) 1912 E. North Ave.

20143 ✓ F 20143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 25

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 415 N Bond St., 6-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Cora Carter

(a) Residence: No. 415 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Carter

DATE OF BIRTH (month, day, year) April 16 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Total time (years) spent in this occupation

10. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country) Cambridge Md

13. NAME Abraham Keene

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Barnes

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Edward Carter (Husband)
(Address) 415 N Bond St

BURIAL, CREMATION, OR REMOVAL
Place Md Date Jan 30. 1936

UNDERTAKER Robert F. Williams
(Address) 1515 McElderry St

Jan 30 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4. 1935 to Jan 26. 1936

I last saw her alive on Jan 25. 1936. Death is said to have occurred on the date stated above, at 11 05 Am.

The principal cause of death and related causes of importance were as follows:

Enteric - Colitis — Date of onset Dec 4 1935

Other contributory causes of importance:

Intestinal Bleeding — Dec 4 1935
and Dysentery. — now

Was an operation performed? no Date of

For what disease or injury? now

Name of operation none Date of

What test confirmed diagnosis? Physical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R J Young M. D.

(Address) 1429 E Monument St

1936

20144 F 20144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lawrence Keene

(a) Residence: No. 526 N. Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 12, 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Ivy L. Keene

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Birdie Emalla

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mother
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/30 19 36

UNDERTAKER Joseph L. Locke & Son
(Address) 2 S Pine St

FILED 1936 19 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1936 to Jan 28 1936

I last saw him alive on Jan 28 1936. Death is said to have occurred on the date stated above, at 11 45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	1-27-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Sydenham Hospital

✓ F 20145

20145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-w

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 14-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Timanus

(a) Residence: No. 613 Sewell St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margt.

DATE OF BIRTH (month, day, year) 1-4-1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85		19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Ohio
(State or country)

13. NAME Jacob

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Francis Mayburr,

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Records of Balto. City Hospt.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Jan 30, 1936

UNDERTAKER Undertaking Co.
(Address)

FILED 19..... Registrar.

2068 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1933, to 1/23, 1936

I last saw h[illegible] alive on 1/23, 1936. Death is said to have occurred on the date stated above, at 10 20/60 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 hr.
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

✓ F 20146

0146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#11750 342-82a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Baltimore City Hospt. St. 22-2 Ward)

ength of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Alice Sampson

(a) Residence: No. 825 Warner St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-3-1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Prince Geo. Co., Md.

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Martha Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records of Balto. City Hospt.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balto City Hosp Date Jan 30 19 36

UNDERTAKER Dept. of Health.
(Address)

FILED ... Registrar

2067

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/15 1935 to 1/26 1936

I last saw her alive on 1/26 1936 Death is said to have occurred on the date stated above, at 10 25/9 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 15 days

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

20147 F 20147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 24-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Scheerer

(a) Residence: No. 1213 Durst St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Scheerer

DATE OF BIRTH (month, day, year) 4-15-1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheel

10. Date deceased last worked at this occupation (month and year) 6-30 yr

11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Pete Scheerer

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place M E Dept Date Jan. 31 1936

UNDERTAKER Bernard C. Hall

(Address) 121 E. West St.

FILED ... 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/21 1936 to 1/29 1936

I last saw him alive on 1/29 1936 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	?
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

20148 E 20148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Decatur St. 24th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia C. Gaurd

(a) Residence: No. 1317 Decatur St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of John Gaurd

DATE OF BIRTH (month, day, year) Sept. 22 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME of Father John Ryer

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME of Mother Evaline Marley

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Elizabeth Burns
(Address) 3017 Decatur St.

BURIAL, CREMATION, OR REMOVAL
Place MtC Olivet Date 2/1/36, 19

UNDERTAKER Fred. G. Krause & Son
(Address) 216 S. Charles St

FILED 2 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/25/36, 19, to 1/29/36, 19

I last saw h... alive on ..., 19. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	one year
Other contributory causes of importance: acute pulmonary congestion arteriosclerosis.	1/22/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Miller, M. D.

(Address) 1225 S. Charles St

M. D. B 1268-9

F 20149

0149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH West Baltimore General Hospital St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 51 yrs. 7 mos. 28 ds.

2. FULL NAME Alvin Prince

If U. S. Veteran specify WAR None

(a) Residence: No. 1726 N Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of? Lilly L Prince

DATE OF BIRTH (month, day, year) June-1-1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Accounting

10. Date deceased last worked at this occupation (month and year) about Jan-1936

11. Total time (years) spent in this occupation 25 yrs

BIRTHPLACE (city or town) (State or country) Newbury Newyork

13. NAME Could not ascertain

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Could not ascertain

16. BIRTHPLACE (city or town) (State or country) Newbury Newyork

INFORMANT Mr Lilly L Prince (wife)

(Address) 1726 N Fulton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cty Date Jan 30 1936

UNDERTAKER Stewart & Sons Co.

(Address) 28 W Lanvale Ave.

FILED 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Happ, M. D.

Coroner

(Address) 1216 Hanover

20150 ✓ E 20150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 101-W-39- St., 12-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 18 yrs. 6 mos. 28 ds. How long in U. S. If of foreign birth yrs. mos. ds.
If U. S. Veteran specify WAR NONE

2. FULL NAME Mary Virginia Corkran

(a) Residence: No. 101-W-39- St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Samuel Corkran

DATE OF BIRTH (month, day, year): July-1-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

BIRTHPLACE (city or town) (State or country): Baltimore Maryland
13. NAME: John A. Adams
14. BIRTHPLACE (city or town) (State or country): Balto. Md
15. MAIDEN NAME: Elizabeth Moore
16. BIRTHPLACE (city or town) (State or country): Balto. Md
INFORMANT: Saml Corkran (husband)
(Address) 101-W-39-St.
BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Jan 31 36
UNDERTAKER: Stewart Mom Co.
(Address) 1061 W Baltimore.

1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29 36

22. I HEREBY CERTIFY, That I attended deceased from April 24 1934 to Jan 29 1936.
I last saw h[illegible] alive on Jan 28 1936. Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombosis	1-29-36
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Physical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Kuyet M. D.
(Address) Wedgworth Md

F 20151

0151 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 17-2 Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Smith

(a) Residence: No. 1326 Etting St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Smith (Dead)

DATE OF BIRTH (month, day, year) 8-13-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	71	5	16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Louis Harrison

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sarah Mitchell

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Records of Balto. City Hospt.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Locust Point Date 1/30 36

UNDERTAKER J J Furlong & Son
(Address) 1218 Light St

FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 1936.

22. I HEREBY CERTIFY, That I attended deceased from 5/10 1935 to 1/29 1936.

I last saw her alive on 1/29 1936 Death is said to have occurred on the date stated above, at 12 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

✓ F 20152

20152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 16-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Bertha Mary Woods

If U. S. Veteran specify WAR

(a) Residence: No. 1013 Carlton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-27-1935

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			24/27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frederick Woods. Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frederick Woods 35 St.

(Address) 1013 Carlton St.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Jan 30 1936

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] (Registrar)

1936

2069

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 1-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-9 1936 to 1-19 1936

I last saw her alive on 1-19 1936 Death is said to have occurred on the date stated above, at 1:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	12-27-35
~~Asphyxia~~	
Bronchopneumonia	1-16-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. B. Jackson M. D.

(Address) 620 N. Arlington Ave.

L. D. B 1268-9

3153 E 30153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Wolf St. 2-12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Behner (Simalkowski) Schultz

(a) Residence: No. 318 S. Wolf St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Walter (Simalkowski) Schultz

DATE OF BIRTH (month, day, year) Feb 22, 1919

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	17	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machine operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hat factory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Christopher B Behner

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Myrtle Finnerty

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Mrs Myrtle Behner

(Address) 6355 Decker Ave

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date Jan. 31, 1936

UNDERTAKER Wendell Hoffpauir

(Address) 1403 Druid Hill Ave.

FILED ... 19 ... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Carbon monoxid	
Poisoning	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 27, 1936

Where did injury occur? Baltimo Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Jack pentalatic with gas range turning full

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) N. W. Wright M. D. Coroner

(Address) 1010 S. Ellwood Ave.

20154 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 20154

CERTIFICATE OF DEATH

Registered No. 8-5108

1. PLACE OF DEATH Franklin Square Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella Klimatt

(a) Residence: No. 2012 East North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or, Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: George Klimatt

6. DATE OF BIRTH (month, day, year): Oct 10 1882

7. AGE — Years: 53 | Months: 3 | Days: 20 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annagerg Germany

13. NAME: Paul Hofer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Alma E. Ludwig

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): George Klimatt 2012 East North Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place: Baltimore Cemetery Date 1/31/36

19. UNDERTAKER (Address): Howard H. Bright Jr. 1411 N. Carey St.

20. FILED ... 1936 ... Director ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 28th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above, 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 25th, 1936

Other contributory causes of importance: Tumor on cerebellum (No symptoms)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave.

155 E-20155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-W

Registered No. 12-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Wendover Road St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Bertha B? Besley

(a) Residence: No. 303 Wendover Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred W. Besley

6. DATE OF BIRTH (month, day, year) April 3, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) O'Neida Co. New York

13. NAME Elmer W. Simonds

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Adele Matthewson

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Florence B. Rogers

(Address) 303 Wendover Road

18. BURIAL, CREMATION, OR REMOVAL CREMATION

Place Fort Lincoln Cem. Jany 31, 1936

19. UNDERTAKER John Ottobell Sons

(Address) 1900 Eutaw Place

20. FILED JAN 30 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 29. 1936

22. I HEREBY CERTIFY, That I attended deceased from 1934, 19, to 1-29, 1936

I last saw her alive on 1-9, 1936 Death is said to have occurred on the date stated above, at 3.00 P m.

The principal cause of death and related causes of importance were as follows: CHR. LYMPHOID LEUKEMIA — Date of onset 1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Storey, M. D.

(Address) 1129 St. Paul St.

20156 ✓ E 20156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. .....

2. FULL NAME Sophie Jordan

(a) Residence: No. Ellicott City Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	widowed

6. If married, widowed, or divorced (or) WIFE of Elijah Jordan

7. DATE OF BIRTH (month, day, year) 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Lena Smith (Address) Ellicott City Md

BURIAL, CREMATION, OR REMOVAL Place Ellicott City Md Date Feb 2 1936

UNDERTAKER F. Leftwich Latham (Address) Ellicott City Md

FILED 1936 Director for Division of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1936, to Jan 30, 1936

I last saw h.er alive on Jan 29, 1936. Death is said to have occurred on the date stated above, at 7 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	—
Frost bite gangrene feet	Jan 23

Other contributory causes of importance:

Diabetes mellitus	—
Arteriosclerosis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify .....

(Signed) Lewis K. Woodward Jr. M. D.

(Address) University Hospital

M. D. B. 1268-9

E 20157

20157

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital Baltimore Md. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkins Ave St., 12 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel A. Mortimer

(a) Residence: No. 3012 St Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Margaret L. Mortimer

7. DATE OF BIRTH (month, day, year): June 10th. 1869

8. AGE: Years 66 | Months 7 | Days 18 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Commercial agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Old Bay Line

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: J. W. Mortimer

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Virginia Arnold

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs. Margaret L. Mortimer
(Address) 3012 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL: Greenmount Place Date 1/31/36 19

19. UNDERTAKER: Edward C. Burns
(Address) 1324 Pennsylvania Ave

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 28 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 12.27

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	Dec. 24 1935
Followed by Hypostatic Pneumonia.	

Other contributory causes of importance:

Was an operation performed? Yes. Date of Jan. 26-36

For what disease or injury? Concussion Symptoms

Name of operation Craniotomy Date of 1-26 1936

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury 19

Where did injury occur? On Belmont St near Lexington
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public Place

Manner of injury: Fell by slipping on pavement.

Nature of injury: Concussion of brain

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

20158 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 20158

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Glyndon Ave. St., 21-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel J. Ligon

(a) Residence: No. 1222 Glyndon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen M. Ligon

6. DATE OF BIRTH (month, day, year) Nov. 11. 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Employed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

13. NAME Daniel J. Ligon

14. BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Helen M. Ligon
(Address) 1222 Glyndon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Park Date Jan. 30 1936

19. UNDERTAKER Frederick A. Cole
(Address) 2305 W Lombard St

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28/36 19

22. I HEREBY CERTIFY, That I attended deceased from 1/25/36, 19 to 1/28/36, 19

I last saw h[illegible]live on 1/28/36, 19 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

Uraemic Nephritis — Date of onset 1/25/36

Other contributory causes of importance:

Uraemia — Date of onset 1/25/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Victor Taddeo M. D.

(Address) 1542 N Patterson Park Ave

20159 ✓ F 20159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

116-B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4023 Kathland Ave St., 19-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

FULL NAME Charles H. Myers

(a) Residence: No. 4023 Kathland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Myers

DATE OF BIRTH (month, day, year) July 24th. 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	3	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 073

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R.R. Co.

9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Penn.

12. NAME Williams H. Myers

13. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

14. MAIDEN NAME Rachael Ann Bott

15. BIRTHPLACE (city or town) (State or country) Penn.

INFORMANT Nellie Myers

(Address) 4023 Kathland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 30 1936

UNDERTAKER Frederick A Gold

(Address) 1200 W Lombard St

FILED 1936

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-2- 1935 to 1-27- 1936

I last saw h alive on 1-27 1936 Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adynamia - Carcinoma of Pylorus End - Stomach	4 mos
Other contributory causes of importance: Myocardial Insufficiency	2 wks

Was an operation performed? no Date of

For what disease or injury? no

Name of operation none Date of

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) Paul Miller M. D.

(Address) 1511 N Broadway

D 20160

F 20160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4625 Bowleys Lane) Ward 26-7

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha M. Barkowsky

(a) Residence: No. 4625 Bowleys Lane Ward. No Hist Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ (or) WIFE of Emil Barkowsky

6. DATE OF BIRTH (month, day, year) Nov 6th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Robert Wassmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emil Barkowsky

(Address) 4625 Bowleys Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 1st 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Filed FEB 1 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4th 1935 to Jan 29 1936

I last saw her alive on Jan 29 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Respiratory failure	1 day
Myocarditis	from June 35

Other contributory causes of importance:

Cirhotic liver & fluid in abdomen	Sept 35
Infection & bone necrosis finger	Nov 35

Name of operation Physical Exam Date of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Clift M. D.

(Address) 1011 N Charles St.

D. B. 1268-9

20161 F 20161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1240 E. North Ave (St.) 9-8 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Dodd

(a) Residence: No. 1240 E. North Ave St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

If married, ~~widowed, or divorced~~

~~HUSBAND~~ (or) WIFE of Samuel N Dyals

DATE OF BIRTH (month, day, year) Aug 11 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): Jan 1936

11. Total time (years) spent in this occupation: 54

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Elijah Brown

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME OF MOTHER: Catharine Barton

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Samuel N Dyals

(Address) 1240 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Feb 1st 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1935 to Jan 30 1936

I last saw her alive on Jan 30 1936 Death is said to have occurred on the date stated above at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

Exhaustion

Toxemia

Date of onset

Other contributory causes of importance:

Carcinoma of Pelvic viscera. (Uterine)

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? not

If so, specify

(Signed) Chas Bunnick M. D.

(Address) 4706 Harford Road

1/30/36

F 20162

F 20162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6226 Belair Rd. St., 27-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph H. ~~Franz~~ Franz

If U. S. Veteran specify WAR No Record

(a) Residence: No. 6226 Belair Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Helen Franz

6. DATE OF BIRTH (month, day, year) May 9 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Peter A. Franz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah Zumbe

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Helen Franz

(Address) 6226 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 3rd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30. 1936.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, M. D.

(Address) 1912 Linden Ave Coroner

F 20163

D. H. 1269

20163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital 14th Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Emma Joos Haenssler

(a) Residence: No. The Emma, Woodlawn P.O. 7th Ward. (If non-resident give city or town and State)

(Usual place of abode)

No War Records

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of (Unknown) Haenssler

6. DATE OF BIRTH (month, day, year) Feb 12th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mrs Emma M. Hatton

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Johannes Joos

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Helena Hessenauer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) George E. Reichenbach 8633 77th st Woodlawn L.I.

BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Feb 1st 1936

UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1935, to Jan. 30, 1936.

I last saw her alive on Jan. 30, 1936. Death is said to have occurred on the date stated above, at 2.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal septicemia	I/26/36
Cerebral hemorrhage	I/31-6

Other contributory causes of importance:

Pyarthrosis, rt. knee	12/24/35
Arteriosclerosis	

Name of operation Exp. & drainage, rt knee Date of I/27/36

What test confirmed diagnosis Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn Wilson Zieders, M. D.

(Address) Woman's Hospital Baltimore, Md

D. B. Rec. 20164 F 20164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 26-4 Ward) 486-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gabriel Schutte If U. S. Veteran specify WAR No Record

(a) Residence: No. 33 N. Kresson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Veronica Schutte

DATE OF BIRTH (month, day, year) Jan 8 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	—	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none, (050 retired Painter (House)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Barnard Schutte

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Lena Schutte

(Address) 1240 E. 37th St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 1st 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Date of onset

Paralysis Cerebral Concussion

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 25 1936

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 321 E. Lafayette Ave. Friend's home

Manner of injury Slipped on floor

Nature of injury Fatal Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. M. Wright M. D.
Coroner

(Address) 1010 S. Exeter St.

20165

HEALTH DEPARTMENT—CITY OF BALTIMORE

20165

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4808 Park Heights Ave. (Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan C. Jones

(a) Residence: No. 4808 Park Heights Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Conrad Jones

6. DATE OF BIRTH (month, day, year) Feb 22 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stripper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ref 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Ethan Baldwin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Elizabeth Yates

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Ada C. Frazier

(Address) 4808 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Jan 31 1936

19. UNDERTAKER Jos. Cox

(Address) 1210 E. Fond St

FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29th 1936 to Jan 29th 1936

I last saw her alive on Jan 29th 1936 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	
Other contributory causes of importance: Coronary Thrombosis	1/29/

Name of operation 0 Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Alex A Weinstock M. D.

(Address) 4603 Park Ave

20166 F 20166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. 13-4

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2324 Bryant ave St., 13 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Jacob Weinstein

(a) Residence: No. 2324 Bryant ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, year) 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realestate
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Realestate
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Mindle Weinstein
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Hannah —
16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sadie Weinstein
(Address) 2324 Bryant ave

BURIAL, CREMATION, OR REMOVAL
Place New Rosedale Date Jan 31 1936

UNDERTAKER H. Lewinson & Bros
(Address) 1127 E Baltimore st

FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936, to Jan 30, 1936.

I last saw him alive on Jan 30, 1936. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - (Myocardial failure)	2 weeks
Other contributory causes of importance: Bronchial asthma -	1 year

Was an operation performed? none Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) I. Frederick Leitz M. D.

1-30-36 (Address) Temple Baden apts

F 20167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20167

486-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Franklin & Pa. Ave St. 16-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME David H. Turner

(a) Residence: No. 1119 McKean Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Louise H. Turner

6. DATE OF BIRTH (month, day, year) Nov 16 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stair builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 516

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm B. Turner

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Louise Brotherton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. Charles R. Turner

(Address) St. Michaels - Md

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Feb 4 19 36

19. UNDERTAKER Wm Pictrey & Sons

(Address) Monroe & Pulaski

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 19.05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudden

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury ..... 19 ....

Where did injury occur? At his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At his home

Manner of injury Fell down stairs

Nature of injury Scalp Wound and hemorrhage

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

20168 F 20168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
CITY OF BALTIMORE: (No. Plaza Apts St. 14-1 Ward

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

FULL NAME Margaret C Clemmitt

If U. S. Veteran specify WAR .....

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed or divorced, HUSBAND of (or) WIFE of: Thomas Clemmitt Jr.

DATE OF BIRTH (month, day, year): Apl. 11, 1857

AGE: Years 78 | Months 9 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Richmond Va

NAME OF FATHER: Wm H. Clemmitt

BIRTHPLACE (city or town) (State or country): Norfolk Va

MAIDEN NAME OF MOTHER: Jane Butler

BIRTHPLACE (city or town) (State or country): Va.

INFORMANT (Address): Miss Sadie Clemmitt Park Ave & Wilson St.

BURIAL, CREMATION OR REMOVAL: Druid Ridge Date Jan. 31 1936

UNDERTAKER (Address): Wm Fitzhugh Lewis Lewis & Park Ave.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1935 to Jan 28 1936

I last saw her alive on Jan 28 1936 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	8 yr
Other contributory causes of importance: Cardiac Asthma	2 mo

Was an operation performed? No. Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide No. Date of injury ..... 19 ...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Evans M. D.

(Address) 612 E 40 St

20169

F 20169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 3315 Powhatan Ave 5-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rowland Walls

If U. S. Veteran specify WAR

(a) Residence: No. 3315 Powhatan Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X: Male	4. Color or race: White	5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Norma Vista Walls

ATE OF BIRTH (month, day, year): Jan. 9, 1863

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst Supt Schools

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. City

Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 50

IRTHPLACE (city or town) (State or country): Cecil Co Md.

NAME: Verpation L. Walls.

BIRTHPLACE (city or town) (State or country): Oakwood Md.

MAIDEN NAME: Mary S. Armstrong

BIRTHPLACE (city or town) (State or country): Balto. Md.

NFORMANT: Mr. Rowland Walls Jr.

(Address): 3315 Powhatan Ave

URIAL, CREMATION, OR REMOVAL: Loudon Park Feb. 1 1936

Place: Date:

NDERTAKER: Wm J. McKew Sons, Nord & Paeves.

(Address): 10th & McKew Road,

ILED: 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov-13, 1935 to Jan-29, 1936

I last saw him alive on Jan 29, 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease with myocardial degeneration and Dropsy resulting in Gradual failure	1933. 11-1936 1-1-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley Cowd M. D.

(Address) 207 Garrison Blvd

D. B. 1268-9

F 20170

F 20170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Lemmon St. 13-2 Ward)

Length of residence in city or town where death occurred 77 yrs. 5 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Addison. No Number.

(a) Residence: No. 718 Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sallie M. Addison

6. DATE OF BIRTH (month, day, year) Aug 2 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter - 9

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 8

10. Date deceased last worked at this occupation (month and year) 1933 | 11. Total time (years) spent in this occupation 38 Yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mother of Addison.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Emma Weir

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. Wallace Addison.
(Address) 718 Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Feb 1 1936

19. UNDERTAKER J. Thomas Lee & Son
(Address) 2200 Pennsylvania Ave

FILED Feb 1 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1936 to Jan 30 1936

I last saw him alive on Jan 30 1936 Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paget's Disease of Skull (Deformans) Sym Duration Cardio Vascular disease hypertension, Grand arteriosclerosis	
Other contributory causes of importance: Bronchial pneumonia	abt

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) H. J. Lowe M. D.

(Address) 221 Eutaw Place

D. P. 1268-9

✓ F 20171

20171 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

PLACE OF DEATH Bon Secours Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto Md St. 70-1 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

FULL NAME James Murphy

(a) Residence: No. 802 Warwick Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Murphy

ATE OF BIRTH (month, day, year) Dec, 25. 1858

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Ireland

. NAME Unknown

. BIRTHPLACE (city or town) (State or country)

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country)

FORMANT James J. Murphy

(Address) 325 S. Bentalou St

RIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 1 19 36

NDERTAKER Toll & B. M. Walters

(Address) 21 E. Lexington St

Embalmer Licensed Undertaker

Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [illegible] 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1936 to Jan 28 1936

I last saw him alive on Jan 28 1936 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1935
Arteriosclerosis	
Terminal edema of lungs	1-25-36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon A. Kemp M. D.

(Address) Bon Secours Hosp

H. D. B. 1268-9

20172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

III. Veteran specify WAR

2. FULL NAME John Miles

(a) Residence: No. 1811 Kawanaugh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Miles

DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unk

15. MAIDEN NAME Nancy Stewart

16. BIRTHPLACE (city or town) (State or country) Hunter Md

INFORMANT Florence Miles

(Address) 1811 Kawanaugh

BURIAL, CREMATION, OR REMOVAL Date 2/1 19 36

Place Mt Auburn

UNDERTAKER Wm A Jackson & Son

(Address) 116 N Paca

FILED NOV 21 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Cerebral Hemorrhage	1-27-36
Hypertension	

Other contributory causes of importance.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George P. Nelson M. D.

(Address) 509 Aisquith St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20173

20173

CERTIFICATE OF DEATH.

167-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 Dunsin ST. 14-3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. IN.)

2-FULL NAME Harry L Frederick

(Residence in Baltimore: No. 2130 Dunsin St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. June (Month) 29 (Day), 1915 (Year)

7-AGE. 20 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Baltimore Md

10-NAME OF FATHER. John Frederick

11-BIRTHPLACE OF FATHER (State or Country) Charles Co. Md.

12-MAIDEN NAME OF MOTHER Mary Blanch Turner

13-BIRTHPLACE OF MOTHER (State or Country) Charles Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Frederick

(Address) 2130 Dunsin St

Filed JAN 31 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 29 (Day), 1936 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 22 1936, to Jan 29 1936, that I saw him alive on Jan 29 1936, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm E. Daugherty M. D.

Jan 30, 1936 (Address) 1602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem.

DATE OF BURIAL, 2/1, 1936

20-UNDERTAKER Frances A Hemsley

ADDRESS 539 W Biddle St

0174 F 20174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2134 N. Lexington St. 10-16 Ward)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary C. Stump (STUMP)

(a) Residence: No. 2134 N. Lexington St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of George L. Stump

6. DATE OF BIRTH (month, day, year) 12-20-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mattie Stump

(Address) 2134 N. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 31-36 19

19. UNDERTAKER J. B. Hippert & Son

(Address) 1300 Eutaw Place

20. FILED JAN 31 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-36

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 — 1936 to Jan 28 — 1936

I last saw h[illegible] alive on Jan 28 1936. Death is said to have occurred on the date stated above, at 10 15 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis. Senile Senility.
Arteriosclerosis, Hypertension

Date of onset

Other contributory causes of importance: Pulmonary Oedema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert C. Mikels M. D.

(Address) 2151 W. Lanvale ave

20175 HEALTH DEPARTMENT—CITY OF BALTIMORE 20175

CERTIFICATE OF DEATH

131

Registered No. 27975

1. PLACE OF DEATH Home for Aged of the E. Church (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2211 W. Rogers St. Ward)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Gray

(a) Residence: No. 2211 W. Rogers Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Gray

6. DATE OF BIRTH (month, day, year) May 4 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

12. NAME of father Rosier Chaney

13. BIRTHPLACE (city or town) (State or country) Anne Arundel County

14. MAIDEN NAME of mother Ellen Barry

15. BIRTHPLACE (city or town) (State or country) Laurel Maryland

16. INFORMANT Miss Ella Cudahy

(Address) 2211 W. Rogers Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Hebron Cem Date 2-1-36 19

18. UNDERTAKER J. B. Wippert & Son

(Address) 1300 Eutaw Place

JAN 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936 to Jan 30, 1936.

I last saw her alive on Jan 30, 1936 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis. — Date of onset

Other contributory causes of importance:

Chr. Myocarditis.
Cerebral Arteriosclerosis.

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

George E. Hannon M. D.
(Signature)

700 N. Fulton Ave.
(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 20176

CERTIFICATE OF DEATH

186-a

Registered No. 25-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-4 Ward)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine M. Baacke

(a) Residence No. 613 Brookwood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A. Baacke

DATE OF BIRTH (month, day, year) Jan. 8, 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Not Known Kolbe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dortha Borrnne

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Elmar Baacke

(Address) 613 Brookwood Road

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 1-36 19

UNDERTAKER C. J. Stappert & Son

(Address) Lexington & Eden

FILED 19 Registrar

JAN 31 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) Jan. 30, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? XRay Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury Jan. 28, 1936.
Accident, suicide, or homicide?

Where did injury occur? 613 Brookwood Rd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps

Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. H. Mellen M. D.

(Address) 2757 N. Howard

20177 HEALTH DEPARTMENT—CITY OF BALTIMORE 20177

CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1513 Pennsylvania Ave St. 14-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

FULL NAME George Cole

(a) Residence: No. 400 Taylor Ave St., ... Ward. Baltimore Co Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 28 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	0	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Raymond Cole

(Address) 409 Taylor Ave

BURIAL, CREMATION, OR REMOVAL

Place Western Star Date February 1936

UNDERTAKER Joseph A. Lipsitz

(Address) 1409 N. Mount St

FILED JAN 31 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-7 1936 to 1-29 1936

I last saw h[illegible] alive on 1-29 1936. Death is said to have occurred on the date stated above, at 10:24 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertensive Cardio Vascular Renal Disease	
Dilatated Arteriosclerosis	
Uremia Coma	
Other contributory causes of importance:	
Arteriosclerotic gangrene of foot	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H Hamer M. D.

(Address) Provident Hospital

20178 ✓ F 20178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Druid Hill St., 12th Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary Smith

(a) Residence: No. 1417 Druid Hill ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

(If married, widowed, or divorced) HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 4 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8	261	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fauquier Co Va.

13. NAME Lucille Smith

14. BIRTHPLACE (city or town) (State or country) Fauquier Co Va

15. MAIDEN NAME Fannie Speight

16. BIRTHPLACE (city or town) (State or country) Fauquier Co Va.

17. INFORMANT Sarah E Cooper (Address) 1417 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Date February 1926

19. UNDERTAKER Charles S. Cooper (Address) 514 N. Calhoun St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated at about 3 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mann, M. D.
Coroner

(Address) 120 Hanover

F 20179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20179

92-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1645 S. Bell St 24-4 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Ethel M. Inelone

(a) Residence: No. 1645 S Bell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Robert V.

6. DATE OF BIRTH (month, day, year) Sept 1-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Penn.

10. NAME Charles A. Lilly

12. BIRTHPLACE (city or town) (State or country) Md

13. MAIDEN NAME Lillie Bolfut

14. BIRTHPLACE (city or town) (State or country) Md Co.

15. INFORMANT William Lilly H (Address) 1645 S Bell St

16. BURIAL, CREMATION, OR REMOVAL Place London Park Date 2/11 1936

17. UNDERTAKER J. Edw. Nolan (Address) 3300 E. Balto St.

Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30/1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 6 1935 to 1/30/1936

I last saw her alive on Jan 29 1936 Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral embolism. Date of onset 12/28

Other contributory causes of importance: arterio sclerosis endocarditis 4/6/35 Chronic

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, state how .....

(Signed) J. F. Hartwell M. D.

(Address) .....

20180

F 20180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S. East Ave St., 76-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza D. Danekers

(a) RESIDENCE NO. 307 S. East Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas O. Danekers

DATE OF BIRTH (month, day, and year): Mar. 17 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	10	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: James Sutro

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Mr. Harry Danekers

(Address) 307 S. East Ave

Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-29-1936

17

I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1935, to Jan 29, 1936.

that I last saw h er alive on Jan 28, 1936

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D.

1/31, 1936 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem.

DATE OF BURIAL: 2/1/1936

20 UNDERTAKER: J. A. Moran

ADDRESS 3000 E. Baltimore

D. B 1268-9

20181 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 20181

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 E. Fayette St. St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Cullison

(a) Residence: No. 3022 E. Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Cullison

6. DATE OF BIRTH (month, day, year) Sept 6-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

13. NAME John Cowden

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Hukum

16. BIRTHPLACE (city or town) (State or country) Hukum.

17. INFORMANT Mrs. Edna Thomas

(Address) 1114 E 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Memt Date Feb 1 19 36

19. UNDERTAKER George W. Zirkler

(Address) 1737 E Eager St.

Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1919 E. Ruth Ave.

FEB 1 1936

F 20182

20182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #9440

348-95B

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 15-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME John Henry Simms

(a) Residence: No. 1312 N. Parrish St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Hester

DATE OF BIRTH (month, day, year) 8-12-1874

AGE	Years	Months	Days	LESS than day, hrs. min.
62	61	5	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jobber
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. All Kinds
8. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John H. Smith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Kate Sosco

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records of Balto. City Hospt.
(Address)

BURIAL, CREMATION, OR REMOVAL 2/1/36
Place ..... Date 19

UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/20 1935 to 1/29 1936

I last saw him alive on 1/29 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4 mo.
Hypertensive Cardio-Vascular Disease — ? —

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Roberta Reyte, M. D.

(Address) Balto City Hosp

D. B. 1268-3

20183

F 20183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Chase

(a) Residence No. 1330 N. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Ella

DATE OF BIRTH (month, day, year) March 4/69

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Formerly janitor

10. Date deceased last worked at this occupation (month and year) 20?

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calvert County Maryland

13. NAME Wesley Chase

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

INFORMANT Mrs. Eliza E. Chase

(Address) 1330 N. Calhoun St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/1, 1932

UNDERTAKER Thomas E. Kelso & Son

(Address) 1303 Pressman St

FILED ..... 19 ..... Registrar

21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1932

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
fractured skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably accident Date of injury Jan 29, 1932

Where did injury occur? Baltimore Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Probably on public street

Manner of injury Probably slipped on ice

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright Coroner, M. D.

(Address) 101 S. Eutaw St

F 20184 ✓ F 20184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 Dellwood Ave. St., 13-8 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Amanda Francis

If U. S. Veteran specify WAR .....

(a) Residence: No. 1334 Dellwood Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 23-1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	6	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

3. NAME James H. Francis

4. BIRTHPLACE (city or town) (State or country) Maryland

5. MAIDEN NAME Sarah A. Blakely

6. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Emma Ryan
(Address) 1334 Dellwood Ave

BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cambden Date Feb. 1- 1936

UNDERTAKER Forest F. Burgee
(Address) 3631 Falls Road

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6 1935 to Jan 29 1936

I last saw h[illegible] alive on Jan 28 1936. Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Renal Disease	?

Other contributory causes of importance:

Aortic Aneurism	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward Lowry M. D.

(Address) 850 W 36 St.

F 20185 ✓ F 20185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Wylie Ave St. 7-16 Ward)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Henry W. Atkinson

(a) Residence: No. 3214 Wylie Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Laikinson

6. DATE OF BIRTH (month, day, year) July 29/1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New York Mtls. Co.

10. Date deceased last worked at this occupation (month, day, year) Jan, 1936 | 11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Atlanta, Ga Ga.

13. NAME Robt Atkinson

14. BIRTHPLACE (city or town) (State or country) Macon Ga

15. MAIDEN NAME Cordelia Dissau

16. BIRTHPLACE (city or town) (State or country) Macon Ga

17. INFORMANT E. D. Clarkson (Son in law)

(Address) 2 Nursh

18. BURIAL, CREMATION, OR REMOVAL Place Lindenwald Date Jan 31 36

19. UNDERTAKER Stewart & Co.

(Address) 1018 W Baltimore

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from all of 1934 to Jan 30th 1936

I last saw h im alive on Jan 29th 1936. Death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina	Last 2 yrs abt
Other contributory causes of importance: Myocarditis	Probably Last 6 to 8 mo

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? History & Physical Ex. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Theodore R Clarke M. D.

(Address) 1, St Johns Rd. Roland Park Md

20186 Robert S. Smith F 20186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 18-3 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran Spanish specify War or Regular Army or Navy

2. FULL NAME Robert S. Smith

(a) Residence: No. 524½ W. Balto St., 3197 Adams St. S.E. Washington D.C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Feb. 1836

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocery

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Robert A. Smith

14. BIRTHPLACE (city or town) (State or country) North Adams Mass

15. MAIDEN NAME Sarah A. Hughes

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT John H. Smith

(Address) 911 5th St. N.W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 1/31, 1936

19. UNDERTAKER Harold F. Tattersall

(Address) 436 7th St. So. Washington D.C.

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Concussion	Jan 15

Other contributory causes of importance: Unknown

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 15, 1936

Where did injury occur? Washington D.C.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unknown

Manner of injury Unknown

Nature of injury head injuries

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Magruder Coroner, M. D.

(Address) 1010 S. Wolfe St.

F 20187

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20187

11596

CERTIFICATE OF DEATH

6-47-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 6-1 Ward)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Michael Schlauch

(a) Residence: No. 214 N. Ellwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Schlauch

DATE OF BIRTH (month, day, year): 1-25-1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52		4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist Helper. 6b 3'

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md.

12. NAME: George Schlauch

13. BIRTHPLACE (city or town) (State or country): Md.

14. MAIDEN NAME: Mary ~~Ochs~~ Ochs.

15. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Park Date: 2/3/1936

UNDERTAKER: John Ulrich
(Address) 2018 Allegheny

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1936 to 1-29, 1936

I last saw him alive on 1-29, 1936 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage.	?
Atelectatic Left Lung	?
Probably Due to Malignancy	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-9-36 1-14-36

For what disease or injury? Atelectatic Left Lung

Name of operation Tracheoscopy Bronchoscopy Date of 1-9-36 1-14-36

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. E. Brantigan, M. D.

(Address) Baltimore City Hospitals

20188 F 20188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St. 7713 Ward)

th of residence in city or town where death occurred 16 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Miss Mary McNamara

If U. S. Veteran specify WAR .....

(a) Residence: No. 6115 Stanton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of None.

ATE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 5 J			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer, Jr. Clk
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret Liquor Store
8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md
10. NAME John McNamara
11. BIRTHPLACE (city or town) (State or country) Ireland.
12. MAIDEN NAME Lunn
13. BIRTHPLACE (city or town) (State or country) Ireland
14. INFORMANT Mrs J McNamara
(Address) 6115 Stanton Ave

BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cem Date 2/1/36 19
UNDERTAKER Sulger-Ff Sh
(Address) 318 Light St
FILED Jan 31 1936 Timothy Tobin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29/36 19

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 1, 1936, to JANUARY 29, 1936.
I last saw her alive on JANUARY 29, 1936. Death is said to have occurred on the date stated above, at 10:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
POST OPERATIVE THYROTOXICOSIS	JAN 25 1936
THYROTOXICOSIS	
AURICULAR FIBRILLATION	

Other contributory causes of importance:

Was an operation performed? YES Date of JAN 25, 1936
For what disease or injury? THYROTOXICOSIS
Name of operation SUBTOTAL THYROIDECTOMY Date of
What test confirmed diagnosis? B.M.R. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) E. J. Cornbrooks M. D.
(Address) University Hospital

20189 E 20189

08378 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 114-a

Registered No. .....

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME John J Davis

(a) Residence: No. 2226 E. Chase St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of 1/5/28

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64		24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Md

13. NAME William Davis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rose Betz

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records. JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balto. Md. Date Feb. 1, 1936

UNDERTAKER Mrs. E. Milby & Son
(Address) 233 E. Preston St.

FILED Feb 1 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936, to Jan 29, 1936

I last saw him alive on Jan 29, 1936. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1925
Benign Prostatic Hypertrophy	1930

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Tuberculosis may be more or less expected in hospital patients.

(Signed) Harold W. Jones, M. D.

(Address) Johns Hopkins Hospital

20190 F 20190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62

PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 1-2 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Audrey Redding

(a) Residence: No. 522 N. Milton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard V. Redding

ATE OF BIRTH (month, day, year) June 26, 1905

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	7	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Maryland
10. NAME OF FATHER Harry F. Webster
11. BIRTHPLACE (city or town) (State or country) Rebel Island
12. MAIDEN NAME OF MOTHER Bessie Windsor
13. BIRTHPLACE (city or town) (State or country) Balto Md.
14. INFORMANT Howard V. Redding
(Address) 522 N. Milton Ave

15. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Feb. 2 1936

16. UNDERTAKER Mrs. E. Miller & Son
(Address) 2284 Pulaski Hwy

17. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 25, 1935 to Jan 30, 1936
I last saw her alive on Jan 30, 1936. Death is said to have occurred on the date stated above, at 3 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pellagra	
2. Bronchial Pneumonia (terminal)	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state how.

(Signed) H. H. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

D. B 1268-9

20191 ✓ F 20191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 94-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. H-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert M. Hilton
If U. S. Veteran specify WAR .....

(a) Residence: No. 919 Frederick Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian E.

7. DATE OF BIRTH (month, day, year) July 16, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman (?)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Basil Hilton
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Florence Spreckert
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Mrs Lillian E. Hilton
(Address) 919 Frederick Rd Catonsville
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 1, 1936
19. UNDERTAKER Easton & Sons
(Address) Catonsville
20. FILED 1936 by ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Elmer B. Wallace M. D.
Coroner
(Address) 101 St Paul St

✓ F 20192

0192 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

11-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3004 Harford Road St., 9-6 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

FULL NAME Charles N. Sonnenburg

(a) Residence: No. 3004 Harford Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 24th, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Superintendent Sales Dept. of
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Collier's Magazine
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10. NAME Unknown

11. BIRTHPLACE (city or town) (State or country) Unknown

12. MAIDEN NAME Matilda Chesley

13. BIRTHPLACE (city or town) (State or country) Unknown Unknown

14. INFORMANT Mrs. Mamie Goodhart

(Address) 3004 Harford Road.

15. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb. 3rd. 1936

16. UNDERTAKER George J. Roth, Inc.

(Address) 1735 Harford Avenue

FILED 1936 ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1936 to Jan 30, 1936

I last saw him alive on June 24, 1936. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 days
Influenza	3d.

Other contributory causes of importance:
Mitral Regurgitation
Hemiplegia

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F.A. Stearns, M. D.

(Address) 2878 Hartford Rd

D. B 1268-9

✓ F 20193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. 9-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Dead on arrival at Maryland General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas B. Dorsey If U. S. Veteran specify WAR

(a) Residence: No. 2108 Homewood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 6th, 1885.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	23	#####

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Highway

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

13. NAME James F. Dorsey

14. BIRTHPLACE (city or town) (State or country) Baltimore County

15. MAIDEN NAME Catherine Burns

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss. Mary Dorsey

(Address) 2108 Homewood Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Feb. 1st, 1936

19. UNDERTAKER C. Sprigg S. Fulton, Inc.

(Address) 1735 Hanford Ave.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address) 1215 Hanover

D. B 1268-9

F 20194

0194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Balt City Hospital St., 1-5 Ward)

ngth of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Johanna Brozd

If U. S. Veteran specify WAR .....

(a) Residence: No. 2225 S. Patterson Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Casimer

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Howard Harding

(Address) 2225 S. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb. 1 1936

19. UNDERTAKER Fred W. Brazenyoke

(Address) 1730 Eastern Ave

20. FILED 1936 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Wright, M. D. Coroner

(Address) 1610 S. Edward St

D. B 1263-9

E 20195

0195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Boston St., 1-4 Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marlin Rytsel

If U. S. Veteran specify WAR .....

(a) Residence No. 2206 Boston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) July 26 1935

7. AGE — Years: ..... Months: 6 Days: 4 If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Walter Rytsel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Wardley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mary Rytsel

(Address) 2206 Boston St

18. BURIAL, CREMATION, OR REMOVAL

Place Secret Dead of Mt Olivet Day 4 Feb 1936

19. UNDERTAKER Fred W Krasowski

(Address) 1930 Eastern Ave

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 30 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Capillary bronchitis (acute)	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Y. Wright M. D. Coroner

(Address) 1910 Linwood Ave

✓ F 20196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#11503 137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospt. St., 25-3 Ward)

th of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Pulwski, John (PAWLOWSKI)

(a) Residence: No. 1621 Cereal ..t., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male White	Widowed

married, widowed, or divorced
HUSBAND of (or) WIFE of Mary (Deceased)

TE OF BIRTH (month, day, year) 1852

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Poland

NAME ?

BIRTHPLACE (city or town) (State or country?) Poland

MAIDEN NAME ?

BIRTHPLACE (city or town) (State or country) Poland

NFORMANT Records of Balto. City Hospt.
(Address)

URIAL, CREMATION, OR REMOVAL Place Holy Cross. R.C. Feb 5 36

NDERTAKER J. W. Ozazewski Funeral Dir
(Address) 1930

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-3-36, 19..., to 1-29, 1936

I last saw h.m alive on 1-29-36, 19... Death is said to have occurred on the date stated above, at 2:35 p.m.

The principal cause of death and related causes of importance were as follows:

Benign Hypertrophy of prostate with urinary retention
Uremia

Date of onset: ? / 1 month

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? N.P.N Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) O. L. Brantigan, M. D.

(Address) Baltimore City Hosp.

✓ F 20197

20197 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. ..... St., 10-W Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME James E Day

(a) Residence: No 931 Hulet St., ... Ward.

(Usual place of abode) HUSBAND (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Singe

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) 1883

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal yard 0040

Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) ?

. NAME .....

. BIRTHPLACE (city or town) (State or country) ?

. MAIDEN NAME ?

. BIRTHPLACE (city or town) (State or country) ?

FORMANT (Address) .....

URIAL, CREMATION, OR REMOVAL

Place J H Med School Date Jan 31, 1936

NDERTAKER .....

(Address) .....

1936

Registrar .....

2071

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1936, to Jan 25, 1936

I last saw h[im] alive on Jan 25, 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows: Cerebral Thrombosis; infarct of the middle cerebral artery on L/H — Date of onset 1-24-36

Other contributory causes of importance: .....

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Joseph P. Sadecki, Jr., M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

✓ F 20198

0198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Stafford St St. 20-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert T. Sheahan

If U. S. Veteran specify WAR —

(a) Residence: No 3006 Stafford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) August 10, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	18 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Robert Sheahan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary McDonald

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Mary Mercer

(Address) 3006 Stafford St.

18. BURIAL, CREMATION OR REMOVAL

Place London Park Date Feb. 1, 1936

19. UNDERTAKER Albert Peregoy

(Address) 440 E. 40th Lane

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1936 12:30 a.m.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and from Inquest Autopsy or Inquiry this death on the day stated above, 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: —

Was an operation performed? none Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? B. B. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave.

199 ✓ F 20199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 5300 St. Albans Way St., 27-12 Ward)

th of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Helen A. Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. 5300 St. Albans Way St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	white	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Nov. 26. 1881

E Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	2	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md.

NAME John M. Stewart

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Mary C. Bond

BIRTHPLACE (city or town) (State or country) Balto. Md.

FORMANT Dr. George Stewart
(Address) 5300 St. Albans Way

RIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feby 1 1936

NDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

1936 Interment for Military Service
(Day) (Year)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 29. 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1910, to January 29, 1936

I last saw h.e alive on January 29, 1936. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease (mitral stenosis)	Prior to 1910
Cardiac hypertrophy	" " "
Hemiplegia	1929
Cerebral embolism	Jan 30/1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry T. Collenberg M. D.

(Address) 2 W. Read St.

✓ F 20200

200 HEALTH DEPARTMENT—CITY OF BALTIMORE

117-a

CERTIFICATE OF DEATH

Registered No. 24-1

PLACE OF DEATH U.S. Marine Hospital, Balto. St., Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., ... Ward.)

th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR W. W.

FULL NAME Jeremiah Daley

(a) Residence: No. 1500 Latrobe Park Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	white	married

married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Farrell

TE OF BIRTH (month, day, year) June 9, 1870

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. School 6030

Date deceased last worked at this occupation (month and year) 1-25-36

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Cork Ireland

. NAME William Daley

. BIRTHPLACE (city or town) (State or country) Cork Ireland

. MAIDEN NAME Margaret Driscoll

. BIRTHPLACE (city or town) (State or country) Cork Ireland

FORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

URIAL, CREMATION, OR REMOVAL

Place U.S. National Date Feb 3 19 36

NDERTAKER Chas. L. Stevens & Son

(Address) 1501 E. Fort Ave.

1936 Filed Feb 3 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1936 to January 30, 1936

I last saw him alive on January 30, 1936. Death is said to have occurred on the date stated above, at 12:30 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric hemorrhage due to gastric ulcer	1-25-36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. N. a dwan , M. D.

(Address) U.S. Marine Hospital, Balto. Md

20201 ✓ F 20201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Henry Boyd If U. S. Veteran specify WAR

(a) Residence: No. Hopkins Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 10 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco

10. Date deceased last worked at this occupation (month and year) Jan 16 1936

11. Total time (years) spent in this occupation 49

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm Boyd

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth R. Boyd

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Frank W Boyd

(Address) Muskogee Okla

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Feb 3rd 1936

UNDERTAKER Bertram Rose

(Address) 2324 N Charles St

FILED 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31st 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18th 1936, to Jan. 31st 1936.

I last saw him alive on Jan. 31st 1936. Death is said to have occurred on the date stated above, at 11:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Arteriosclerotic heart disease	?

Other contributory causes of importance:

Bronchopneumonia	1-28-36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold N. Lee M. D.

(Address) Union Memorial Hosp

NOTA

B. 1268-9

202

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20202

CERTIFICATE OF DEATH

93c

PLACE OF DEATH

Registered No. 15-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE (No. 410 Fremont Ave St., Ward)

th of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lane Elizabeth Huffington

(a) Residence No. 410 Fremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

N [illegible]	4. Color or Race W.	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) Widow

f married, widowed, or divorced HUSBAND of (or) WIFE of Edw Huffington

ATE OF BIRTH (month, day, year) Mar 10 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Princess Anne Md

. NAME Revel Hayman

. BIRTHPLACE (city or town) (State or country) Maryland

. MAIDEN NAME Martha Huffington

. BIRTHPLACE (city or town) (State or country) Md

FORMANT E N Huffington

(Address) 410 Fremont Ave

RIAL, CREMATION, OR REMOVAL

Place Allen Woodcock Date Feb 3rd 1936

NDERTAKER Peter F Roe

(Address) 2224 E Monument

LED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 31 —, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1935, to 1 — 31 —, 1936

I last saw h[illegible] alive on 1 — 31 —, 1936. Death is said to have occurred on the date stated above, at 9:45 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocarditis	
Cardiac Dilatation	
	over
Other contributory causes of importance:	
Senility	1-20-36

Name of operation ____ Date of ____

What test confirmed diagnosis? Regular Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) Wm A Duvall, M. D.

(Address) 3123 Liberty Heights Ave

F 20203

0203 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals Tb. Div. Registered No. 16-2

Y OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

FULL NAME Hattie Venny

(a) Residence: No. 636 N. Carey St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	C	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Feb. 17, 1912

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	11	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Virginia

NAME Revedec

BIRTHPLACE (city or town) (State or country) Virginia

MAIDEN NAME Minnie Bryant

BIRTHPLACE (city or town) (State or country) Virginia

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL
Place Warsaw Va Date Feb 2. 36

NDERTAKER Thomas E. Kelly
(Address) 1308 Druidsman St

LED 1026 D N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1936.

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1935 to Jan. 31 1936

I last saw her alive on Jan. 31. 1936 Death is said to have occurred on the date stated above, at 8:15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb. 1935

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Arthur Karlsin M. D.

(Address) Balto. C. Hy Hosp.

F 20204

204 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2738 E. Baltimore St., 6-2 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Henry M. Bosse

If U. S. Veteran specify WAR

(a) Residence: No. 2738 E. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

married, widowed, or divorced HUSBAND of Dora Bosse

TE OF BIRTH (month, day, year) June 9 1869

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Inspector

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

Date deceased last worked at this occupation (month and year) 1936 | 11. Total time (years) spent in this occupation 8 yrs

RTHPLACE (city or town) (State or country) Md

NAME George Bosse

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Mary Blackenstein

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT Dora Bosse

(Address) 2738 E Baltimore

RIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/3/36

NDERTAKER J. J. Hagarty & Son

(Address) 32 S Broadway

LED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Last 1935 to JAN 30 1936

I last saw him alive on JAN 30 1936 Death is said to have occurred on the date stated above, at 11 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Convulsions	7 hrs
Other contributory causes of importance: Cerebral Hemorrhage	5 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J. Lovett M. D.

(Address) 413 Washington

F 20205

20205 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

122B

Registered No. .....

PLACE OF DEATH 31st & Charles Sts

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Homewood Apartments St., ... Ward) 12-2

th of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Annie Mavin Cooksey,

(a) Residence: No. Homewood Apartments St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
rale	White	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of William T. Cooksey.

TE OF BIRTH (month, day, year) January 18. 1851

E Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
85	--	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Leesburg Virginia

. NAME William Mavin,

. BIRTHPLACE (city or town) (State or country) England

. MAIDEN NAME Anna B. Johannes,

. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FORMANT Mrs E.W.C. Hawkins

(Address) Homewood Apartments

URIAL, CREMATION, OR REMOVAL FEB 3 1936

Place Loudon Park Date 19

NDERTAKER Geo W Settle

(Address) 2700 Edmondson Ave.

1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 1 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from August, 28 1934 to Feb. 1 1936

I last saw her alive on Jan 31 1936 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset 1/23/36

Broncho-pneumonia —

Other contributory causes of importance:

Arteriosclerosis, Hypertension, Myocardial insufficiency.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter L. Wurkenwerder M. D.

(Address) 1114 St Paul St.

B 1268-9

F 20206

206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

218-9

PLACE OF DEATH Provident Hospital

Registered No.

Y OF BALTIMORE: (No. 5-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 5K yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Delaisse

If U. S. Veteran specify WAR

(a) Residence: No. 1407 Aisquith St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Mexican	Married

married, widowed, or divorced) HUSBAND of (or) WIFE of Mary Delaisse

TE OF BIRTH (month, day, year) 1873

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. for se

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Mexico

NAME William Delaisse

BIRTHPLACE (city or town) (State or country) Mexico

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT Carolina Freeman

(Address) 216 N. Central Ave

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 1 1936

NDERTAKER Edw. Burns

(Address) 147 N. Gilmor St

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	1/27/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 1/27, 1936

Where did injury occur? In Block of 1300 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Automobile collided with truck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore Gerstley Hale M. D.

Coroner

(Address) 907 N. Charles St

F 20207

HEALTH DEPARTMENT—CITY OF BALTIMORE

#11836

CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Edward Thomas

(a) Residence: No. 1047 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married (sep.)

If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Thomas

DATE OF BIRTH (month, day, year) 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. NOne

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

NAME Jerry

BIRTHPLACE (city or town) (State or country) ?

MAIDEN NAME Nancy

BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Feb. 1, 1936

UNDERTAKER Mrs Kate R Williams

(Address) 322 N Schroeder St.

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/21, 1936 to 1/29, 1936.

I last saw him alive on 1/29, 1936. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriolar nephrosclerosis	3 mo's
Terminal	
Other contributory causes of importance:	
Hypertensive cardiovascular disease	3

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

D. B. 1268-9

F 20208

20208 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Thomas Ave | 5-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah E. Robinson

(a) Residence: No. 1700 Thomas Ave Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~ widowed, ~~or husband~~ (or) WIFE of J. Frank Robinson

DATE OF BIRTH (month, day, year) Sept 15th 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

8. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

9. BIRTHPLACE (city or town) (State or country) Berlin Md

10. NAME (Unknown) Quillan

BIRTHPLACE (city or town) (State or country) Berlin Md.

11. MAIDEN NAME Elizabeth Lakirts

BIRTHPLACE (city or town) (State or country) Berlin Md.

INFORMANT Eva May Robinson

(Address) 1700 Thomas Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 3rd 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1936 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1935 to Jan 31st 1936

I last saw her alive on Jan 31 1936 Death is said to have occurred on the date stated above, at 4:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	

Other contributory causes of importance: Over

Operations for Carcinoma

Name of operation 2 Amputations Date of 1934

What test confirmed diagnosis? Pathologist Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Miles Wheeler M. D.

(Address) 2129 W North ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20209

✓ ×108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) CITY OF BALTIMORE: (No. University Hospital St., 4th Ward)

(b) If outside limits of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Anna Petti Crotty

(a) Residence: No. Glenburnie, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of James F. Crotty

7. DATE OF BIRTH (month, day, year) May 13, 1914

8. Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	8	18	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marboro High School

Date deceased last worked at this occupation (month and year) 5 months

11. Total time (years) spent in this occupation Jan. 1936

10. BIRTHPLACE (city or town) (State or country) Phillipsburg New Jersey

NAME OF FATHER Arthur F. Buschman

BIRTHPLACE (city or town) (State or country) Brooklyn New York

MAIDEN NAME OF MOTHER Annie Segraves

BIRTHPLACE (city or town) (State or country) Springtown New Jersey

INFORMANT Mr. James F. Crotty

(Address) Glenburnie, Md.

BURIAL, CREMATION, OR REMOVAL Place Phillipsburg, N.J. Date Feb. 2 1936

UNDERTAKER 1003 E. Baltimore St.

(Address)

(Signature) Registrar

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 1936

22. I HEREBY CERTIFY, That I attended deceased (from 1/25 1936 to 1-31 1936

I last saw her alive on 1-31 1936. Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia right lower lobe	1-23-36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Zinn M. D.

(Address) University Hospital

Harry E Miskelly

HEALTH DEPARTMENT—CITY OF BALTIMORE

20210

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH Maryland General Hospital St. (No.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) ...

th of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Harry E. Miskelly

(a) Residence: No. 1607 Edison Highway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

married, widowed, or divorced HUSBAND of (or) WIFE of Jane C. Miskelly

TE OF BIRTH (month, day, year) Jan 5, 1890

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	0	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing

Date deceased last worked at this occupation (month and year) Oct 1935

11. Total time (years) spent in this occupation 25 yrs.

IRTHPLACE (city or town) (State or country) Baltimore Maryland

. NAME Joseph B. Miskelly

. BIRTHPLACE (city or town) (State or country) Balto Md.

. MAIDEN NAME Emma F. Chester

. BIRTHPLACE (city or town) (State or country) Baltimore

FORMANT Mrs Laura A Ehrman

(Address) 1709 Edison Highway

URIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Feb. 3 1936

NDERTAKER Frederick Lazarus & Son

(Address) 740 Park Ave

D 1-1936 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-21-1936 to 1-30-1936

I last saw him alive on 1-30-1936 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial failure

Coronary sclerosis

Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett Wood M. D.

(Address) Md. Gen. Hospital

20211 HEALTH DEPARTMENT—CITY OF BALTIMORE 20211

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE (No. 19 S Chester St., 1-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary E. Seward

(a) Residence: No. 19 S. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Seward

DATE OF BIRTH (month, day, year) 1866?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70?			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Italy.

10. NAME John Farion

11. BIRTHPLACE (city or town) (State or country) Ireland

12. MAIDEN NAME Mary Murray

13. BIRTHPLACE (city or town) (State or country) Italy.

INFORMANT Marion Seward

(Address) 19 S. Chester St.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 3, 1936

UNDERTAKER Martin W. Offutt

(Address) 37 S. Amity St.

FILED 1-1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1935 to Jan 31, 1936

I last saw her alive on Jan 30, 1936 Death is said to have occurred on the date stated above, at 1A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 14/35
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St

20212 F 20212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-D

PLACE OF DEATH

Y OF BALTIMORE: (No. 3722 Brooklyn ave. St., 25-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME William T. Ballantine Sr.

(a) Residence: No. 3722 Brooklyn ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
de	Colute	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Edith M. Ballantine

TE OF BIRTH (month, day, year) Jan. 26. 1869

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	0	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent do

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car Work do

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40

IRTHPLACE (city or town) (State or country) Scotland

NAME Thomas Ballantine

BIRTHPLACE (city or town) (State or country) Scotland

MAIDEN NAME Mont Kyove

BIRTHPLACE (city or town) (State or country) Scotland

FORMANT Mrs. Edith Ballantine

(Address) 3722 Brooklyn ave.

RIAL, CREMATION OR REMOVAL

Place Holy Cross Date 2/4 1936

NDERTAKER Margaret A Flynn

(Address) 1722 Eutaw

LED 2 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1936, to Dec 1st 1936

I last saw him alive on Dec 1st 1936 Death is said to have occurred on the date stated above, at 8.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Bladder	1923
Other contributory causes of importance: Cachexia Lungs	1 Year

Was an operation performed? X Date of X

For what disease or injury? X

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Neil Hanna M. D.

(Address) 340 N. Charles

F 20213

0213 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3915 Keswick Rd. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? 61 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ella S. Stuart

(a) Residence: No. 3915 Keswick Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced — WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) July 19 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Scotland

NAME unknown

BIRTHPLACE (city or town) (State or country) unknown

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Mrs J. Walter Cale

(Address) 3915 Keswick Road

BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date Feb 3 1936

UNDERTAKER Chas. G. Black

(Address) 742 W. Lexington Ave.

Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1936 to Jan 31 1936

I last saw her alive on Jan 30 1936 Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis.	2 yrs.
Other contributory causes of importance: Pulmonary edema.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) W. W. Smith, M. D.

(Address) 3429 Chestnut Ave

E 20214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20214 ✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE (No. 2016 N Wolf St., 8-5 Ward)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Howard W. Garrett

(a) Residence No. 2016 N Wolf St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie J Brawner Garrett

DATE OF BIRTH (month, day, year) March 27 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	10	3	

6008

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake Paper Board Co Key Highway Baltimore

Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation 1918

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER Samuel H Garrett

BIRTHPLACE (city or town) (State or country) Baltimore County Md

MAIDEN NAME OF MOTHER Mary E Simpson

BIRTHPLACE (city or town) (State or country) Alexandria Va

INFORMANT Wilmer H. Garrett

(Address) 2708 Parkwood ave

BURIAL, CREMATION, OR REMOVAL Dixie cemetery Date Feb 3 1936

UNDERTAKER Edward S Black

(Address) 742 N North Ave

1936 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1933 to Jan. 30, 1936

I last saw him alive on Jan. 30, 1936 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis.	1933
Aortic regurgitation	"
Arteriosclerosis	1930

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edward S Simpson M. D.

(Address) 163 E North Ave

F 20215

0215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

PLACE OF DEATH

OF BALTIMORE: (No. 1250 William St., 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 77 yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

ULL NAME Elizabeth Cole

(a) Residence: No. 1250 William St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced
USBAND of (or) WIFE of Louis Cole

E OF BIRTH (month, day, year) April 26 1858

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	9	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
State or country) Md.

NAME William John Mates

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Agnes Redmond

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT William L Reynolds
Address) 248 William St

RIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Feb 4 1936

DERTAKER John F Denny
Address) 713 Light St

LED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1935 to Feb 1 1936

I last saw her alive on Jan 31 1936 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 31/36

Other contributory causes of importance:
Hypertension and Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jewell Miller M. D.

(Address) 1319 Light St.

D. B 1268-9

216

F 20216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 + 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 14th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Priscilla Chapman

If U. S. Veteran specify WAR .....

(a) Residence: No. Railroad Ave Lutherville Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lutherville Md

13. NAME Charles Chapman

14. BIRTHPLACE (city or town) (State or country) Sykesville Md

15. MAIDEN NAME Susanna Sweet

16. BIRTHPLACE (city or town) (State or country) Berryhill Md

INFORMANT Susie Johnson

(Address) Railroad Ave Lutherville

BURIAL, CREMATION, OR REMOVAL

Place St Johns Cemetery Date 2-3- 1936

UNDERTAKER Rayner & Mamie W. Knight

(Address) 1700 Eutaw Pl

FILED 2-1- 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Chronic Myocarditis	

Other contributory causes of importance:

Second degree Burns of Body

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Nursing Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Accident Date of injury 1-16 1936

Where did injury occur? Lutherville md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was burned by fire

Nature of injury Burn of Body.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Geo. Callen M. D.

Coroner

(Address) 607 Cresapville St.

F 20217

0217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 137

PLACE OF DEATH

Registered No. .....

Y OF BALTIMORE: (No. University Hospital St., 34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred .....yrs. .....mos. 4 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

FULL NAME James McDaniel

(a) Residence: No Shepherdstown, W. Va. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
alls	Colored	M

married, widowed, or divorced USBAND of or) WIFE of Sallie McDaniel

TE OF BIRTH (month, day, year) 1862

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) West Virginia

NAME Robert McDaniel

BIRTHPLACE (city or town) Va

MAIDEN NAME Sallie Monroe

BIRTHPLACE (city or town) D. C.

FORMANT Hospital Records

Address)

RIAL, CREMATION, OR REMOVAL

Charlestown, W. Va. Feb 1. 36

DERTAKER Horace E. Burgee

Address) 363 Falls Road

ED 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936 to Jan. 31, 1936

I last saw him alive on Jan. 31, 1936 Death is said to have occurred on the date stated above, at 8:20 P.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Benign Prostatic Hypertrophy with acute Urinary Retention

Other contributory causes of importance:

Arterio-sclerotic cardio-vascular renal disease; Post-operative hemorrhage.

Was an operation performed? Yes Date of Jan. 31, 1936

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Trans-urethral Prostatectomy of Jan. 31, '36

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Hansen Albertain, M. D.

(Address) University Hospital

(averill) F 20218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. Hotel Altamont St., 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edna Cook Averill

If U. S. Veteran specify WAR

(a) Residence: No. Hotel Altamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	married

married, widowed, or divorced
HUSBAND of
or) WIFE of Alfred P. Averill

TE OF BIRTH (month, day, year) Sept 26 1877

Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Lake Mills Wis

NAME Don't Know

BIRTHPLACE (city or town) (State or country) Don't Know

MAIDEN NAME Don't Know

BIRTHPLACE (city or town) (State or country) Don't Know

FORMANT Alfred P. Averill
Address) Hotel Altamont Baltimore

RIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Feb 1, 1936

DERTAKER Wm J. Tucker & Son.
(Address) North & Penna Ave

ED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30-36

22. I HEREBY CERTIFY, That I attended deceased from 9:30 Pm Jan 30, 1936, to 10 Pm Jan 30, 1936

I last saw h alive on Jan 30, 1936. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance: none

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm A. Chesser M. D.

(Address) 12 Roger St, Baltimore

F 20219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

PLACE OF DEATH

Y OF BALTIMORE: (No. West Baltimore General Hosp St. 70-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs. Naomi Frances Frances

If U. S. Veteran specify WAR ...

(a) Residence: No. 126 Augusta Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

married, widowed, or divorced WIFE of (or) HUSBAND of Edward Frances

DATE OF BIRTH (month, day, year) Nov 8-1769

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	2	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse (027) Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital Work

Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER William Leg. Mantag

BIRTHPLACE (city or town) (State or country) Balto. Md

MAIDEN NAME OF MOTHER Rebecca Moffett

BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Edward Frances

(Address) 126 Augusta Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 3 1936

UNDERTAKER Wm. Fisher & Sons

(Address) Madison & Pulaski

(Filed) ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/26 1936 to 1/30 1936

I last saw h[e] alive on 1/30 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Ad.)	1/26
Other contributory causes of importance: Chronic Myocarditis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Milton Lewis M. D.

(Address) WBGH

o. 5-11 2508

20 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 20220

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 308 N Fulton Ave St. 12-5 Ward)

th of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Frances P. McNally

(a) Residence: No. 1303 N. Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Dec 23 1863

E Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore
State or country) Md

NAME John McNally

BIRTHPLACE (city or town) Baltimore
(State or country) Md

MAIDEN NAME Wehmann

BIRTHPLACE (city or town) Baltimore
(State or country) Md

FORMANT is John McNally son
Address) 2926 Monument St

RIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 3 1936

DERTAKER John A Weber
Address) 401 N Charles St

LED 1936 Feb 3 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30 1936

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1936, to January 30, 1936

I last saw h im alive on January 30 1936 death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Chronic nephritis	?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Joseph Moores, M. D.

(Address) Franklin Square Hosp.

20221 F 20221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE (No. 2705 St. Paul St., 12-3 Ward)

h of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

FULL NAME Mary V. Mason

a) Residence: No. 2705 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widow

married, widowed or divorced
USBAND of (or) WIFE of O. F. Mason

E OF BIRTH (month, day, year) June 20, 1859

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
677	7	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Virginia

NAME Robert Bunting

BIRTHPLACE (city or town) (State or country) Virginia

MAIDEN NAME Rose Ann Fitchett

BIRTHPLACE (city or town) (State or country) Virginia

FORMANT Mrs E. L. Bruce
Address) 2705 St. Paul St.

RIAL, CREMATION, OR REMOVAL

Place Bloxom, Va. Date Feb. 2, 1936

DERTAKER E. Leroy Stiffler, Inc.
Address) 125 E. North Ave.

ED 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) Jan 31st, 1936

I HEREBY CERTIFY, That I attended deceased from Nov 12th, 1935, to Jan 31st, 1936

I last saw h[illegible] alive on Jan 31st, 1936 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset Nov 12th

Other contributory causes of importance:

Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 401 E 25th St

E 20222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 20222

CERTIFICATE OF DEATH

1/31

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 1422 Darley Ave. St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Andrew N. Pinehart

If U. S. Veteran specify WAR

(a) Residence: No. 1422 Darley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
USBAND of Catherine E. Pinehart
WIFE of

TE OF BIRTH (month, day, year) April 14 1876

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto Md.

NAME George Pinehart

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Not known

BIRTHPLACE (city or town) (State or country) Not known

FORMANT Mrs. Catherine E. Pinehart

Address) 1422 Darley Ave

RIAL, CREMATION, OR REMOVAL Holy Redeemer Cemy Date Feby 3 1936

DERTAKER Leroy Hood (Sons, Inc.

Address) 301 E Eager St

LED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1 1933 to January 30 1936

I last saw h alive on January 30 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertrophied Degeneration

Date of onset

Other contributory causes of importance:

Chronic Diffuse Nephritis + Paget's Disease

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) state in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Friends J. Ayd M. D.

(Address) 2005 N. Monument St.

F 20223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 E. Chase St. St., 10 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine W. Young

(a) Residence: No. 1210 E. Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Alphonse J. Young

DATE OF BIRTH (month, day, year) Aug. 2, 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Murray

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT Alphonse J. Young

(Address) 1210 E. Chase St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 4 1936

UNDERTAKER Henry Hoed & Bro. Inc.

(Address) 1361 E. Eager St.

FILED Feb. 3 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 31, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1918 E. North Ave.

B 1268-9

20224 HEALTH DEPARTMENT—CITY OF BALTIMORE E 20224

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 4311 York Road Ward 7-10

th of residence in city or town where death occurred [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Katie L. Whiting

(a) Residence: No. 4311 York Road Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	widowed

[illegible] widow of [illegible]

or) WIFE of Francis Beverly

TE OF BIRTH (month, day, year) Mar 3-1864

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

Date deceased last worked at this occupation (month and year) [illegible] 11. Total time (years) spent in this occupation [illegible]

RTHPLACE (city or town) (State or country) Balto Md.

NAME Wm F. Shultz

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Susanna Simons

BIRTHPLACE (city or town) (State or country) Balto Md.

FORMANT (Address) Emmah Shultz 4311 Yk Road

RIAL, CREMATION, OR REMOVAL Presby. Evergreen Cem Date 2/3/36

NDERTAKER (Address) Wilbur Cook 1217 E. Baltimore St.

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1- , 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 , 1936 to Feb 1 , 1936

I last saw her alive on Feb 1st , 19 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular disease	2 yr
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F W Wheeler , M. D.

(Address) 4307 Yk Rd

20225

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20225

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Chilton St., 9-16 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary V. Simmons

(a) Residence: No. 1632 Chilton St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ Widowed, ~~Divorced~~ (write the word): Widowed

~~married~~, widowed, ~~or divorced~~

(or) WIFE of Col. Jos. H. Simmons

DATE OF BIRTH (month, day, year) Oct 20th 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	3	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home

Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 50

BIRTHPLACE (city or town) (State or country): Md.

NAME: William Moore

BIRTHPLACE (city or town) (State or country): Md.

MAIDEN NAME: Mary O'Neill

BIRTHPLACE (city or town) (State or country): Md

INFORMANT (Address): Carrie N. Johnson 1632 Chilton St

BURIAL, CREMATION, OR REMOVAL: Angel Hill Woods in Peace Date Feb 3rd 1936

UNDERTAKER (Address): William Cook 1217 E. Paul St.

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1936 to Jan 31st 1936

I last saw her alive on Jan 31st 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degeneration of age	
Cerebral Sclerosis	1930
Other contributory causes of importance:	
Myocarditis Arteriosclerosis	Dec 1935

Name of operation: Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Brown M. D.

(Address) 1 W. Madison Ave

P 1268-9

20226 F 20226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2530 Francis St. 13-3 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ernest R. Walker

(a) Residence: No. 2530 Francis St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced

HUSBAND of Georgianna C. Walker

DATE OF BIRTH (month, day, year) June 3rd 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) (State or country) Washington D.C.

NAME OF FATHER John S. Walker

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Georgianna C. Walker

(Address) 2530 Francis St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 3rd 1936

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

FILED Feb 4 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16th 1936 to Jan 31st 1936

That I last saw him alive on Jan 30th 1936 Death is said to have occurred on the date stated above, at 8:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Abdomen	1 Year
	over

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Elbert C. Reister M.D.

(Address) 2245 Reisterstown Rd. Balto. Md.

11976

20227 F 20227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-4 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Ferdinand Atametz (Adametz)

(a) Residence: No. 1110 S. Binney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
M	W	Separated

If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Barbara Adametz

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing house

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungaria

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Hungaria

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Hungaria

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Feb 4th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-29 1936, to 1-30 1936

I last saw him alive on 1-30 1936. Death is said to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate	?
Acute Urinary Retention	3 days
Urinary extravasation	?
Uremia	?
Other contributory causes of importance: Urethral Structures	?

Was an operation performed? Yes Date of 1-30-36

For what disease or injury? Urinary extravasation

Name of operation Incision + Drainage + Suprapubic Cystotomy Date of 1-30-36

What test confirmed diagnosis? N.P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) O. C. Brantigan, M. D.

(Address) Baltimore City Hosp.

0228

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 20228

CERTIFICATE OF DEATH

✓ 108

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 418-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Miss Annie T. Gosnell If U. S. Veteran specify WAR No Record

(a) Residence: No. 10 E. Madison St. St. City. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) About May 17, 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	4 14	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

12. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME OF FATHER Mr Matthew T. Gosnell.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Sarah J. Wray.

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

INFORMANT Frank Gosnell
(Address) 1210 St. Paul St

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 3rd 1936

UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-31 1936 to 1-31 1936

I last saw h alive on 1-31-36 1936 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 1-23-36

Other contributory causes of importance:

Hypertension Arteriosclerosis — 1926 ?

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Harold N. Hoge M. D.

(Address) Union Memorial Hosp

P. 1268-9

20229 HEALTH DEPARTMENT—CITY OF BALTIMORE 20229

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (a) Mercy Hospital St., 5-1 Ward)

(b) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walter Pirie (Contrey)

(a) Residence: No. 252 Eden St St., Ward. No Record.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

married, widowed, or divorced

HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) July 19 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon Dealer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk 0045

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER George Pirie

BIRTHPLACE (City or town) (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Elizabeth Crochen

BIRTHPLACE (City or town) (State or country) Baltimore Md

INFORMANT Mrs Mary Ratt

(Address) 217 E Mulberry St

BURIAL, CREMATION, OR REMOVAL Cathedral Date Feb 3rd 1936

Place

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1936 to Jan 30 1936

I last saw him alive on Jan 30 1936 Death is said to have occurred on the date stated above, at 10 20 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Right lower middle lobe) + Pleurisy (Right)	Jan 23 1936

Other contributory causes of importance:

None.

Name of operation None Date of

What test confirmed diagnosis? X RAY Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin Lowell Jr M. D.

(Address) Mercy Hospital

20230

E 20230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2128 Brookfield ave St., 19-7 Ward)

h of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Benjamin Ginsberg

(a) Residence: No. 2128 Brookfield ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of Esther Siegel

TE OF BIRTH (month, day, year) March 15, 1877

Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
58 59	00	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk dealer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME Samuel Ginsberg

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Miriam —

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Mrs Esther Ginsberg

(Address) 2128 Brookfield Ave

RIAL, CREMATION, OR REMOVAL

Place Sinai Hebrew Cem Date Feb 2 1936

DERTAKER Sol Lerner & Bros

(Address) 1112 E Balto St

2-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1936

22. I HEREBY CERTIFY, That I attended deceased from January 24 1936 to January 31 1936

I last saw him alive on Jan 31 1936 Death is said to have occurred on the date stated above, at 3.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1/24/36
Other contributory causes of importance: Acute Cardiac dilatation	1/29/36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Milton H. Cumyn M. D.

(Address) 2310 Eutaw Place

20231 F 20231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. 15-12

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St.) (Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME MRS BERTHA S LACKS

(a) Residence: No. 3643 PARK HEIGHT AVE St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louis H.

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

FATHER'S NAME Boris Selko

FATHER'S BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME OF MOTHER Dinah Hanovitz

MOTHER'S BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Samuel Lacks

(Address) 3643 Park Heights ave

BURIAL, CREMATION, OR REMOVAL Rosedale

Date Feb 2 1936

UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Baltimore St

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 20, 1936, to JANUARY 31, 1936

I last saw her alive on JANUARY, 1931. Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA SIGMOID C	Dec-35
ANGULATION OBSTRUCTION	
CARDIAC AND RESP.	1-31-36
FAILURE	
Other contributory causes of importance:	
ARTERIOSCLEROSIS	

Was an operation performed? YES Date of

For what disease or injury? CA SIGMOID

Name of operation ENTEROANASTOMOSIS Date of 1-24-36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) E. D. Cannaday Jr. M. D.

(Address) University Hospital

20232 ✓ F 20232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

PLACE OF DEATH

Y OF BALTIMORE: (No. Sinai Hosp St. 15-12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Dora Wolman

(a) Residence: No. 2608 Kingsworth Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W.	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Late Eleazer

TE OF BIRTH (month, day, year) 1868

E Years	Months	Days	If LESS than 1 day, hrs. or min.
68	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 00-7

IRTHPLACE (city or town) (State or country) Poland.

. NAME Joseph. Wolman

. BIRTHPLACE (city or town) (State or country) Poland.

. MAIDEN NAME Warsaw Tubin

. BIRTHPLACE (city or town) (State or country) Poland.

FORMANT Aaron Wolman

(Address) 2695 Bond St.

URIAL, CREMATION, OR REMOVAL Washington Rd Date Feb 1, 1936

NDERTAKER Sol Levinson & Bros

(Address) 1417 E Balto st

ILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1935 to Feb. 1, 1936

I last saw her alive on Feb 1, 1936 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
arteriosclerosis	Oct 16,
Chronic myocarditis	1935
Other contributory causes of importance:	
Diabetes mellitus	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A. Belgorod, M. D.

(Address) Sinai Hospital

20233 ✓ F 20233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 381 r 3rd St. Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Lena Weidner

(a) Residence: No. 381 r 3rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
On	W	Married

married, widowed, or divorced) HUSBAND of or) WIFE of: Joseph Weidner

TE OF BIRTH (month, day, year): Oct 29-1871

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	3	r	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country): Baltimore Md

NAME: John Meixner

BIRTHPLACE (city or town) (State or country): Germany

MAIDEN NAME: unknown

BIRTHPLACE (city or town) (State or country): unknown

FORMANT: Frank Weidner

(Address) 381 r 3rd St.

RIAL, CREMATION, OR REMOVAL

Pl[illegible]: Holy Red Date 2/3 .....

NDERTAKER: Leonard J. Buck

(Address) r 305 Fairfield Ave

LSD [illegible] Register's No. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31 .....

22. I HEREBY CERTIFY, That I attended deceased from May 30 .....

I last saw h[illegible] alive on Jan 31 .....

to have occurred on the date stated above, at 6.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Oedema	1 da
Other contributory causes of importance: Cardio-Vascular Renal Disease	3 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph H. Laukaitis M. D.

(Address) 679 Washington Boulevard

20234 F 20234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1407 N. Luzerne St. Ward 3)

th of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Harry M. Stein

(a) Residence: No. 1407 N. Luzerne St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

married, widowed, or divorced HUSBAND of (or) WIFE of Rose Stein

TE OF BIRTH (month, day, year) Nov. 30-1894

E Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
40	2	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Office (clerk)

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Md

. NAME John P. Stein

. BIRTHPLACE (city or town) (State or country) Balto Md

. MAIDEN NAME Barbara Butterhoff

. BIRTHPLACE (city or town) (State or country) Balto Md

FORMANT Catherine P. Heikel

(Address) 1407 N. Luzerne

RIAL, CREMATION, OR REMOVAL

Redeemer Date 2/4 19 36

NDERTAKER Leonard Hoffstadt

(Address) 5305 Harford Rd

LED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19th 1935 to Jan 31st 1936

I last saw h... alive on Jan 31st 1936 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration due to Arteriosclerosis	
Primary Hypertension	Oct 1935
Contributory	Oct 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) [illegible] M. D.

(Address) 708 E. Preston St

F 20235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. .....

PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Madeline Schafer

(a) Residence: No. 4312 Parkwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mathias

DATE OF BIRTH (month, day, year) 5/1/75

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	7		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Germany

NAME Frank Peter Theuner

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Theresa Franke

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 2/4 19 36

UNDERTAKER Leonard J. Reyle

(Address) 5205 Wakefield Rd

FILED 2-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1936 to Feb-1 1936

I last saw her alive on Feb 1 1936 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Follicular Lympho Blastoma — Date of onset 9/1/35

Other contributory causes of importance:

Cardiac Failure — 12/1/35

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph T. Sadusk Jr. M. D.

(Address) Johns Hopkins Hospital.

Spec.—1-10-21—M&T—1500 Blks.

20236 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20236

CERTIFICATE OF DEATH. 92-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Bartlett ST. 9-A WARD)

2-FULL NAME James Sylvester Marshall

(a) RESIDENCE NO. 611 Bartlett ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Male White

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Lettie A Marshall

DATE OF BIRTH (month, day, and year) Sept 15, 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	4	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country): Hampstead Md

10 NAME OF FATHER James Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hampstead Md

12 MAIDEN NAME OF MOTHER Sarah Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hampstead Md

Informant (Address): William H. Marshall 611 Bartlett St

Filed 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2nd 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936 to Feb 2nd 1936.

that I last saw him alive on Feb 1st 1936

and that death occurred, on the date stated above, at 4:40 a m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) H. L. Richard M. D.

2/2 1936 (Address) 5201 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Manchester Md

DATE OF BURIAL: 2-4 1936

20 UNDERTAKER: Jacob Winkelmans Sons

ADDRESS: Manchester Md

F 20237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20237

95

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2312 London ave St., 45-9 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William Bredel

If U. S. Veteran specify WAR .....

(a) Residence: No. 2312 London ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
al	White	Married

married, widowed, or divorced HUSBAND of or) WIFE of Matilda Bredel

TE OF BIRTH (month, day, year) June 18 1893

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ironworker Helper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blast Furnace,

Date deceased last worked at this occupation (month and year) Sept 35 11. Total time (years) spent in this occupation 12 yrs.

RTHPLACE (city or town) (State or country) Edmund, Ind.

NAME Ursula Bredel

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Louise Kistenmacher

BIRTHPLACE (city or town) (State or country) Germany

ORMANT (Address) Matilda Bredel wife 2312 London Ave

RIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 3 1936

DERTAKER (Address) M & M Thos. John H. Teitel & Son 501 W. Fayette st.

LED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry, thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above at about 7 15 P.M.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism,	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) O. Kaufman M. D.
Proper

(Address) 1214 Hanover st.

F 20238

P 1768-9

20238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

PLACE OF DEATH Women's Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 13-1 St., Ward)

th of residence in city or town where death occurred Lifetime resident How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Florence Shalmon Katz

(a) Residence: No. Esplanade Apartments St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

married, widowed, or divorced (or) WIFE of Zadock Katz

TE OF BIRTH (month, day, year) Dec. 27, 1875

E Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Moritz Shalmon

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Mary Heller

RTHPLACE (city or town) (State or country) Virginia

FORMANT M. Shalmon Katz

(Address) 2609 Talbot Road

RIAL, CREMATION, OR REMOVAL

Pla Beth Shalom Cem. Date Feb. 4, 1936

NDERTAKER Baird Sorgenstein & Son

(Address) 902 Eutaw Place

LED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1935 to Feb. 2, 1936

I last saw her alive on Feb. 2, 1936 Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset Aug 15, 1935

Other contributory causes of importance:

Aortic dilatation
Pulmonary Edema

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius Friedenwald, M. D.

(Address) 1013 N. Charles St

D. B 1268-9

20239 ✓ F 20239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) President Hospital 14-2 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Steven Joseph Ross

U.S. Vet. specify WAR World War Same

(a) Residence: No. 1416 Guilford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cal	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Marie Ross

DATE OF BIRTH (month, day, year) April 9-1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Nashville Tenn.

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

INFORMANT Marie Ross

(Address) 1416 Guilford Ave

BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 2-3-1936

UNDERTAKER Jos. Geo. H. Holland Inc.

(Address) 1631 Eutaw Place

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	1/29/36

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, Coroner, M. D.

(Address) 507 Cathedral St.

20240 F 20240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 6-2 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St., Ward)

th of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Henry C. Lennert

(a) Residence: No. 220 N. Luzerne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
X / le	White	single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) December 15, 1901

Years	Months	Days	If LESS than 1 day, hrs. or min.
34	1	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Boat

Date deceased last worked at this occupation (month and year) 1-20-36

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Frederick C. Lennert

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME Sophia Becker

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

RIAL, CREMATION, OR REMOVAL Place London Park Date Feby 3, 36

DERTAKER (Address) John Ulrich Sons & Calhoun

2-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1936, to January 31, 1936

I last saw him alive on January 31, 1936 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism, arterial, pulmonary	1-31-36
Other contributory causes of importance:	
Hernias, inguinal, indirect & direct	1-20

Was an operation performed? yes Date of 1-22-36

For what disease or injury? Hernias

Name of operation Hernia repair Date of 1-22-36

What test confirmed diagnosis? Clinical findings. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. H. Anderson M. D.

(Address) U.S. Marine Hospital Balto.

20241 V F 20241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2533 Monument St., 7-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Robert C Klatt

(a) Residence: No. 2533 Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	white	widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Klatt

7. DATE OF BIRTH (month, day, year) Oct 16 1858

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	14 15	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0015

10. BIRTHPLACE (city or town) (State or country) Germany

12. NAME Don't know

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME Don't know

15. BIRTHPLACE (city or town) (State or country)

16. INFORMANT Katherine Klatt
(Address) 2533 Monument St

17. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Feb 6 1936

18. UNDERTAKER John Ulrich
(Address) 2006-8 Orleans St.

19. FILED [illegible] 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 — 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 — 1936 to Jan 31 — 1936

I last saw him alive on Jan 30 — 1936. Death is said to have occurred on the date stated above, at 1.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	
Chronic Interstitial Nephritis	1930
Myocardial Insufficiency	

Other contributory causes of importance:
Acute Cardiac Dilatation
Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) Wm C Geyer M. D.

(Address) 856 N. Walton Ave.

20242 F 20242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 Lorraine Av St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George Skaife Hughes

If U. S. Veteran specify WAR NONE

(a) Residence: No. 328 Lorraine Av., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Fredericka L. Hughes

6. DATE OF BIRTH (month, day, year) April 3-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Architect

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg Drawings

Date deceased last worked at this occupation (month and year) about 1928

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME OF FATHER Casper S. Hughes

14. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

15. MAIDEN NAME OF MOTHER Mary Rebecca Sewers

16. BIRTHPLACE (city or town) (State or country) Bucks Co. Pa.

17. INFORMANT Mrs Frederika L. Hughes (wife)

(Address) 328 Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Park Date Feb 3 1936

19. UNDERTAKER Stewart Mortuary Company

(Address) 108 W North Ave.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1936 to 2-1-, 1936

I last saw h[illegible] alive on 2-1-, 1936 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma neck of bladder + prostate gland	2 yrs
Other contributory causes of importance:	over

Was an operation performed? yes Date of 19 hrs ago

For what disease or injury? Carcinoma Prostate Gland

Name of operation Prostectomy Date of 18 hrs ago

What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Draney M. D.

(Address) Medical Arts Bldg.

20243 F 20243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W20243

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2210 E. Balto St., 6-3 Ward)

th of residence in city, or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 42 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary Hoffman

(a) Residence: No. 2210 E. Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
USBAND of (or) WIFE of Dena Bessie Hoffman

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop

Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 1080

BIRTHPLACE (city or town) (State or country) Germany

NAME Not Known

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Not Known

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Oscar Hoffman
(Address) 2916 Spring Hill Ave

RIAL, CREMATION, OR REMOVAL
Forest Pinedale Cem. Date 2-2-36 19

DERTAKER Jas. & Louis Lee
(Address) 1739 E. Baltimore St.

ED 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1936 to Feb. 2, 1936

I last saw h alive on Feb. 2, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 1/28/36
Chr. Hypertension
Arterio Sclerosis

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Small Stewart M. D.

(Address) 1008 N. Eutaw St.

F 20244

20244

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D 20244

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Hebrew Home for Aged & Infirm St., (Ward)

(a) Residence: No. Belvedere & Greenspring St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? 20 yrs. mos. ds.

FULL NAME Israel Belman

PERSONAL AND STATISTICAL PARTICULARS

4. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie

DATE OF BIRTH (month, day, year) Not Known

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME Aaron

BIRTHPLACE (city or town) (State or country) Ukraine Russia

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) Sigmund Feinblatt Belvedere & Greenspring

BURIAL, CREMATION, OR REMOVAL Hebrew Point of Germany Date 2-2- 1936

UNDERTAKER (Address) Jack Lewis Bros 1439 E Baltimore

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9 1935 to Feb 1 1936

I last saw him alive on Feb 1 1936 Death is said to have occurred on the date stated above, at 11 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Uremia	
Myocardial insufficiency	
Other contributory causes of importance:	
Cirrhosis of Bronchitis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H E Lumm M. D.

(Address) Evansdale

20245 ✓ F 20245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 709 Bartlett Avenue St., 9-8 Ward)

h of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME John A. Wagner

(a) Residence: No. 709 Bartlett Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Married

married, widowed, or divorced
USBAND of
or) WIFE of Adeline Wagner

E OF BIRTH (month, day, year) 1/17/1890

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	-	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman ptb

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fairfield Dairy

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Westminster, Md.

NAME John Wagner

BIRTHPLACE (city or town) (State or country) Hanover, Germany

MAIDEN NAME Mary Cain

BIRTHPLACE (city or town) (State or country) Union Mills, Md.

FORMANT Mary Wagner
Address) 709 Bartlett Ave

RIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2/3 19 36

DERTAKER J. J. Fuhrman Son
Address) 1318 Light St

LED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1936 to January 29, 1936

I last saw h im alive on January 29, 1936 Death is said to have occurred on the date stated above, at 2:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	Jan 31
Cardiac Hypertrophie	-----
Other contributory causes of importance: Influenza	Jan 27

Was an operation performed? No Date of .....

For what disease or injury? -----

Name of operation ----- Date of .....

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo W. Morgenstern M.D.

(Address) 401 East 25th Street

F 20246

F 20246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a 20246

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 Park ave St., 11-2 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret E. L. Smith

(a) Residence: No. 1331 Park ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry W. Smith

7. DATE OF BIRTH (month, day, year) May 7, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

13. NAME OF FATHER Henry Slaughter

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

15. MAIDEN NAME OF MOTHER Margaret A. Clemens

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Margaret E. Smith

(Address) 1331 Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chestertown Md. Date 1/2/36, 19

19. UNDERTAKER J. O. Mitchell Sons.

(Address) 1200 Eutaw pl

19 ..... Registrar.

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 5.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
(General Asphyxiation)	
General Shock	

Other contributory causes of importance

General Bronchitis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury Jan 28, 1936

Where did injury occur? Baltimore. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home Bed Room

Manner of injury Slipped or stumbled and fell

Nature of injury Bruised on upper Right Leg.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. Hann, M. D.

Coroner

(Address) 1215 Hanover

✓ F 20247

20247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 108

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St., 4 Ward)

h of residence in city or town where death occurred ° yrs. ° mos. ° ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

ULL NAME Raymond Scott

(a) Residence: No. Shadyside, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, and year) Oct. 13, 1934

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	3	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

RTHPLACE (city or town) (State or country) Shadyside Md.

NAME Milbert Scott

BIRTHPLACE (city or town) (State or country) Shadyside Md

MAIDEN NAME Annette Dyke

BIRTHPLACE (city or town) (State or country) Fruit Md

FORMANT Annette Scott

Address)

RIAL, CREMATION, OR REMOVAL

Place Shadyside Date Feb 3 1936

DERTAKER T A Herdesty & Son

Address) Edgewood

ED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/30, 1936, to 2/1, 1936

I last saw him alive on 2/1, 1936. Death is said to have occurred on the date stated above, at 11:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1/24/36
Left lower lobe	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Henry Genoz Jr. M. D.

(Address) University Hospital.

F 20248

20248 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 184

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 W. North ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Dorothy M. Shipplett

(a) Residence: No. 2503 W North ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Shipplett

6. DATE OF BIRTH (month, day, year) Dec 18. 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Robert Mitchell

14. BIRTHPLACE (city or town) (State or country) Washington Co Md

15. MAIDEN NAME OF MOTHER Hazel Thompson

16. BIRTHPLACE (city or town) (State or country) Washington Co Md

17. INFORMANT Mrs Hazel Mitchell

(Address) 2503 W North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 2/3/36 19

19. UNDERTAKER Richard W Meyer

(Address) 620 Eastern Ave

20. FILED 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)

obtained by said /\ find that said deceased came
(Inquest, Autopsy or Inquiry)

to death on the day stated above, at 4.30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertonitis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 29 1936

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell & wound forehead

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C Hager Coroner, M. D.

(Address) 1245 Hanover

20249 I 20249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-6

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 614 S. Patterson Park Ave St. 1-4 Ward)

th of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME DEMITROS CHACOS

If U. S. Veteran specify WAR

(a) Residence: No. 614 S. Patterson Park Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room Owner

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13

RTHPLACE (city or town) (State or country) Greece

NAME Angelo Chacos

BIRTHPLACE (city or town) (State or country) Greece

MAIDEN NAME Sophia Zerdas

BIRTHPLACE (city or town) (State or country) Greece

TORMANT Vasilios Galazias
Address) Philadelphia Pa

RIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Feb. 3. 1936

DERTAKER J. Francis Reese
Address) Westminster Md.

D 1936 2-5 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th 36 to Feb 2-36 19

I last saw him alive on Jan 30th 1936, Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	6 mos
Carcinoma Pancreas	3 mos

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frederick T. Kurrmann M. D.

(Address) 2913 E. Oldtown Rd

F 20250

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20250

CERTIFICATE OF DEATH

89-A

Registered No. _____

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lying-In Hospital Ward 13-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley H. Jordan Jr. If U. S. Veteran specify WAR

(a) Residence: No. 36 Lee St. Pikesdale or St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 4, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Stanley H. Jordan
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Adelaide Bowers
16. BIRTHPLACE (city or town) (State or country) Md
INFORMANT Stanley H. Jordan
(Address) 3614 Pikesdale Ave
BURIAL, CREMATION, OR REMOVAL
Butler, Balto Co. Md Date Feb 3, 1936
UNDERTAKER Chenowith Bro
(Address) 3615-17 Chestnut Ave

FILED 19 37 Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy 7 Years.	
Probably Brain abscess with intracranial pressure	2/1/36
Other contributory causes of importance: Bilateral Otitis Media	1/15/36
Was an operation performed? Yes Date of 2/1/36	
For what disease or injury? Epilepsy 7 years	
Name of operation Trephining Drainage Date of 2/1/36	
What test confirmed diagnosis? Clinical Was there an autopsy? No	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Friedenwald M. D.
Coroner
(Address) Courthouse

F 20251

F 20251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 12-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Henry Smallwood

(a) Residence: No. 2735 Remington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha E. Smallwood

6. DATE OF BIRTH (month, day, year) May 27 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Charles St. Inn Co

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worcester, Mass

13. NAME OF FATHER Jefferson Smallwood

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME OF MOTHER Jane Clarke

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs Martha Smallwood

(Address) 2735 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL

To Mays Hampden Date Feb 3 1934

19. UNDERTAKER Thomas J. Kelly

(Address) 3415-17 Harford Ave

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. M. Wright, M. D. Coroner

(Address) 1045 S. Ellwood Ave

F 20252

F 20252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 7

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3449 Keswick Road) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walter M. Staff If U. S. Veteran specify WAR World.

(a) Residence: No. 3449 Keswick Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced (or) WIFE of Amanda E. Staff.

DATE OF BIRTH (month, day, year) June 21 1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	7	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R.R.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md.

10. NAME Adam Staff

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME Belinda J. Tracy

13. BIRTHPLACE (city or town) (State or country) Md.

14. INFORMANT Amanda E. Staff

(Address) 3449 Keswick Road.

15. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Feb 4 1936

16. UNDERTAKER Chenoweth Bros.

(Address) 3615-17 Chestnut Ave.

FILED Feb 5 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1936

22. I HEREBY CERTIFY, That I last saw the deceased alive on Jan 31 1936 and that to the best of my knowledge and belief death occurred on the date stated above, at 1 P.M. The cause of death was as follows:

Duration: Acute or Chronic

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 yr

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Dodgshon M. D.
Coroner

(Address) Coroner

20253

F [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2001 Park Ave St. 13-2 Ward)

th of residence in city or town where death occurred 78 yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Hannah Turner Yardley

If U. S. Veteran specify WAR .....

(a) Residence: No. 2001 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Oct. 4-1857

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md

NAME Charles F. Yardley

BIRTHPLACE (city or town) (State or country) Phil. Pa

MAIDEN NAME Elizabeth Turner

BIRTHPLACE (city or town) (State or country) Balto. Md

FORMANT Miss Guesti

(Address) 2001 Park Ave

RIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 3, 1936

NDERTAKER Chas. E. Franck

(Address) 502 Madison Ave

LED 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1- 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18 1932 to Feb. 1- 1936.

I last saw h[illegible] alive on Feb. 1- 1936 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis . Hist. Atrial	1924
Chronic Interstitial Nephritis	1928
Cerebral Hemorrhage, Left Hemiplegia Mon	2-1-32
Diabetes Mellitus	2-1-34

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. Bard Bryan M. D.

(Address) 2125 Maryland Ave.

F 20254

20254 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Matthew Kernan

(a) Residence: No. 518 E. Eager St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth McGlone

DATE OF BIRTH (month, day, year) 4-6-1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	9	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Marble Finisher

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hilgartner Co.

Date deceased last worked at this occupation (month and year) 1914

11. Total time (years) spent in this occupation 35yrs

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Matthew Kernan

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Ellen Plunkett

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date Feb. 3, 1936

UNDERTAKER Edmund W. Conklin
(Address) 924 E. Fayette St.

FILED ... 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1935 to 1/30, 1936

I last saw him alive on 1/30, 1936 Death is said to have occurred on the date stated above, at 11:45 pm

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Senility

Date of onset 5

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

F 20255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20255

93-c

Registered No. 9-3

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3701 Greenmount Ave Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Jane H. Brogan

(a) Residence: No. 3701 Greenmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

If married, widowed, or divorced WIFE (or HUSBAND) of Single

DATE OF BIRTH (month, day, year) May 6, 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

Date deceased last worked at this occupation (month and year) 1933 — 11. Total time (years) spent in this occupation 35 yrs

BIRTHPLACE (city or town) (State or country) Ireland

NAME John Brogan

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Sarah Harrison

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss Mary E. Brogan

(Address) 3701 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery Date Feb 3 1936

Place

UNDERTAKER Edwin W. Franklin

(Address) 524 E. Eager St

FILED Feb 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to Jan 31 1936

I last saw h[illegible] alive on Jan 31 1936 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertrophic Polynephritis	March 1935
	Feb 1935
Other contributory causes of importance: Influenza	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. F. Geraghty M. D.

(Address) 10 E. Biddle St

20256 20256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 108

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hospital 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred — yrs. — mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mr Redmond C. Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. Eccleston Maryland St., ... Ward. 410

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

married, widowed, or divorced HUSBAND of Mrs R. C. Stewart

TE OF BIRTH (month, day, year) Oct 4, 1873

E Years	Months	Days 24	If LESS than 1 day ..... hrs. or ..... min.
62	3	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Maryland

NAME Mrs C. Morton Stewart

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Miss Josephine Turman

BIRTHPLACE (city or town) (State or country) ? Md.

FORMANT (Address) Mrs R C Stewart Eccleston Md.

URIAL, CREMATION, OR REMOVAL Place St Thomas Garrison Md. Date Feb 3, 1936

NDERTAKER (Address) Henry W. Jenkins Sons Co 1 Caleb Dorsey

Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-27-36, 19.., to 2-1-36, 19..

I last saw him alive on 2-1-36, 19.. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia, pneumococcus Type III — Date of onset 1-26-36

Other contributory causes of importance:

Was an operation performed? no Date of ....

For what disease or injury? —

Name of operation — Date of ....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify. no.

(Signed) J. Hamburger M. D.

(Address)

B. 1268-9

F 20257

20257 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 48

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 205-N. Pine St., 4-2 Ward)

th of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mamie Scott Roy

(a) Residence: No. 205. N. Pine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Roy

TE OF BIRTH (month, day, year) 3.7.'93

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic [illegible]

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

Date deceased last worked at this occupation (month, day, year) Sept. 1935

11. Total time (years) spent in this occupation 25

IRTHPLACE (city or town) (State or country) Baltimore md.

NAME George Carr Scott

BIRTHPLACE (city or town) (State or country) Baltimore md

MAIDEN NAME Martha Lucinda Richardson

BIRTHPLACE (city or town) (State or country) Baltimore md.

FORMANT Ida Ruth Scott

(Address) 205-N. Pine St.

RIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 2/4/ 1936

NDERTAKER Francis A. Hemsley

(Address) 578 W. Baltimore St.

LED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1.31.36. 19

22. I HEREBY CERTIFY, That I attended deceased from December 29. 1935. to January 31, 1936

I last saw h.e.r alive on January 31 1936 Death is ~~said~~ to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Hemorrhage	1.31.36
Uterine Hemorrhage	12.29.35

Other contributory causes of importance:

Uterine Tumor	—

Name of operation none Date of

What test confirmed diagnosis Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Carr M. D.

(Address) 865. W. Lexington St.

F 20258

B 20258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2404 Callow Ave. St. 12-1 Ward)

h of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Gaston J. Zander

(a) Residence: No. 2404 Callow Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
USBAND of
or) WIFE of Etta R. Zander

TE OF BIRTH (month, day, year) July 4, 1882

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Unknown

NAME Joseph Zander

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mr. J. Zander
Address) 2404 Callow Ave.

RIAL, CREMATION, REMOVAL

Place Balto. Hebrew Cem Date Feb. 3 '36

DERTAKER Hard Goodheim & Son
Address) 1902 Eutaw Place

LED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1935, to Feb. 2, 1936

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary T. B. — Date of onset 1935 ?
Intestinal T. B.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Hurst , M. D.

(Address) 708 E. Preston St

F 20259

20259 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

PLACE OF DEATH

Y OF BALTIMORE: (No. 1627 Abbott St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in City or town where death occurred 10 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Josephine Fearce

(a) Residence: No. 1627 Abbott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Widow

married, widowed, or divorced) WIFE of Ashley Fearce

E OF BIRTH (month, day, year) January 26, 1907

Years	Months	Days	If LESS than 1 day, hrs. or min.
29		5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Littleton N. C.

NAME Samuel Bowden

BIRTHPLACE (city or town) (State or country) Littleton N. C.

MAIDEN NAME Lossie Williams

BIRTHPLACE (city or town) (State or country) Leachville N. C.

FORMANT (Address) Mrs Julia Fearce 1630 Abbott Street

RIAL, CREMATION, OR REMOVAL Littleton N. C. Date Feb. 4 1936

NDERTAKER Robert L. Young

(Address) 804 N. Caroline St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1935 to Jan 31 1936

I last saw her alive on Jan 31 1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary T.B	?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Osborn B. DeCompte M. D.

(Address) 1113 N Carolina St

F 20260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1936

Registered No. 15-6

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1901 Edgewood St. (Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

FULL NAME James Baird Stevens

(a) Residence: No. 1901 Edgewood St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida D. Stevens.

6. DATE OF BIRTH (month, day, year) Apr. 16, 1861

7. AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40 yrs

9. BIRTHPLACE (city or town) (State or country) Jenkintown Pa

NAME John Stevens

BIRTHPLACE (city or town) (State or country) Pa

10. MAIDEN NAME Josephine Baird

BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mrs Ida D. Stevens

Address 1901 Edgewood St.

BURIAL, CREMATION, OR REMOVAL Vineland N.J. Date Feb. 3 36

Place

UNDERTAKER Wm H. Keen Sons

Address Forest & Adams.

LICENSE 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1936 to Feb. 1, 1936

I last saw him alive on Jan 31, 1936 Death is said to have occurred on the date stated above, at 3.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia and myocardial failure	Jan 28-36
Other contributory causes of importance: Chronic myocarditis	yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) James D. Ashmead M. D.

(Address) 4014 Park Heights Av

20261 F 20261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 122-B

Registered No. 15-10

PLACE OF DEATH

Y OF BALTIMORE: (No. Maryland General Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 69 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Emily Jane Oler

(a) Residence: No. 4005 Penhurst Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) April 27, 1866

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Charles Oler

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME Catherine Kennedy

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT (Address) Jessie A. Forsyth 4005 Penhurst Ave.

RIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feby. 4 1936

NDERTAKER (Address) Wm J Tucker & Son Mott St

LED 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-11-36, to 2-1, 1936

I last saw h.r. alive on 2-1, 1936 Death is said to have occurred on the date stated above, at 10:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Other contributory causes of importance: Myocardial failure	

Was an operation performed? yes Date of 1-29-36

For what disease or injury adhesions causing obstruction

Name of operation Enterо-enterostomy Date of 1-29-36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Emily A. Dunlop, M. D.

(Address) M.G. Gen. Hosp.

20262

11922

F 20262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 6-5

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Balto City Hospital St., ward)

h of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Emma Fagan

(a) Residence: No. 106 N. Dallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	B	Married

married, widowed, or divorced
LSBAND of (or) WIFE of John

TE OF BIRTH (month, day, year) 5-6-1894

Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md.
(State or country)

NAME Sam Mattock

BIRTHPLACE (city or town) Md.
(State or country)

MAIDEN NAME Katie

BIRTHPLACE (city or town) Md.
(State or country)

FORMANT B. C. H. Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place Cusbury Cemetery Date 2/4/ 1936

NDERTAKER Mrs Chas G. Bailey

(Address) 1421 Jefferson St

MED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/26 1936 to 1/31 1936

I last saw her alive on 1/31 1936 Death is said to have occurred on the date stated above, at 10.05 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis 2 years

Hypertensive cardiovascular disease

Other contributory causes of importance:

Date of onset
?
?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz. M. D.

(Address) Balto City Hosp.

F 20263

20263 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 616 Linnard St. St., 16-8 Ward)

Length of residence in city or town where death occurred 50 yrs. 4 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George W. Gardner

If U. S. Veteran specify WAR

(a) Residence: No. 616 Linnard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Gardner (nee Leicht)

DATE OF BIRTH (month, day, year) Sept. 7, 1885.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Baltimore Maryland

NAME OF FATHER George W. Gardner

BIRTHPLACE (City or town) (State or country) Md.

MAIDEN NAME OF MOTHER Maria Meinick

BIRTHPLACE (City or town) (State or country) Maryland

INFORMANT Mrs. George W. Gardner

(Address) 616 Linnard St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 3, 1936

UNDERTAKER Harry F. Weibke

(Address) 4101 Edmondson Ave.

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1936 to Feb 1, 1936

I last saw him alive on Feb. 1, 1936 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory Failure	1/31/36
Other contributory causes of importance: Lobar Pneumonia	1/26/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) Wm E. Bayne Jr. M. D.

(Address) St. Paul & 23rd St.

F 20264

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20264

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE (No. 7 S. Penn St. St., 4-2 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

FULL NAME John Gordan

(a) Residence: No. 7 S. Penn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day and year) Oct. 4, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40 Y

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

NAME John E. Gardan

9. BIRTHPLACE (city or town) (State or country) Md.

10. MAIDEN NAME Sarah Not Known

11. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Sylvester White
(Address) 7 S. Penn

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/3/36 19

UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 30, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. R. O'Malley M. D.

(Address) 2757 W. Mosher

20265 F 20265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 204 S. Washington St., E-1 Ward)

th of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Capt. Patrick Canavan

If U. S. Veteran specify WAR ...

(a) Residence: No. 204 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed

married, widowed, or divorced
USBAND of
or) WIFE of Mary E. Canavan

TE OF BIRTH (month, day, year) March 17-1848

Years	Months	Days	If LESS than 1 day, hrs. or min.
88	9	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Capt. Oyster Boat.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

RTHPLACE (city or town) (State or country) Ireland

NAME Thomas Canavan

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Bridget Mc. Donough

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT Mrs. Thomas Canavan
Address) 204 S. Washington St.

RIAL, CREMATION, OR REMOVAL
Place ... Date 1/3 - 36

DERTAKER John. A. Whelan
Address) 3000 E. Balto. St.

LED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 to Jan. 30, 1936

I last saw h[im] alive on Jan. 30 1936 Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	?
Chr. Myocarditis	

Other contributory causes of importance:

Acute Myocardial Insuff	3 days

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Isaac F. Jenkins M. D.

(Address) 1001 E. Fayette St

F 20266

20266 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 920 N. Central ave St., 10-7 Ward)

th of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME George. C. Brockmeyer

(a) Residence: No. 926 N. Central ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, widowed, or divorced HUSBAND of Katherine A. Brockmeyer

TE OF BIRTH (month, day, year) June 18 1883

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scott & Payne Co

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto. Md

NAME Richard Brockmeyer

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Amelia Randt

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mrs. Katherine A. Brockmeyer

(Address) 920 N. Central Ave

RIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 5 1936

NDERTAKER Henry Tobey Sons, Inc

(Address) 301 E. Baltimore St.

Registrar.

FILED 2-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1935 to Feb. 2, 1936.

I last saw him alive on Feb. 1, 1936. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis

acute cardiac decompensation

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? none Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Irving S. Littman M. D.

(Address) 1304 E. Chase

F 20257

20257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2408 Callow av. St., 13-1 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Herman Freedman

(a) Residence: No. 2408 Callow Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
X al	White	married

married, widowed, or divorced
HUSBAND of
or WIFE of Dorothy

TE OF BIRTH (month, day, year)

E Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vest Maker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. own shop

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 14yrs

RTHPLACE (city or town) (State or country) Balto Md.

NAME Max Freedman

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Rebecca

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Wife
(Address)

RIAL, CREMATION, OR REMOVAL

Date 2/3/36 19

NDERTAKER
(Address)

LED 19

Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1936. to Feb. 2, 1936.

I last saw h im alive on Feb. 2, 1936. Death is said to have occurred on the date stated above at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb. 2
Other contributory causes of importance: Phlebitis (?) L. leg.	1924 (?)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Goldstone M. D.

(Address) 902 Whitelock St.

20268 ✓ F 20268

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

PLACE OF DEATH Sinai Hospital St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 31 yrs. ... mos. ... da. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Rose Feldman (Feldman)

(a) Residence: No. 1701 Warwick Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Harry

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48				

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

2. NAME Jacob Cohen

3. BIRTHPLACE (city or town) (State or country) Russia

4. MAIDEN NAME Eva

5. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Date 2/3/36 19

UNDERTAKER Jacob L. Levy Inc

(Address) 1431 E. Pratt St.

FILED 1936 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 . 1936 . to Feb 2 . 1936

I last saw h alive on Feb 2 . 1936. Death is said to have occurred on the date stated above, at 10 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	
Cardiac Arteriosclerosis & Hypertrophy	
Arterio-Sclerosis	
Cerebral Embolism	
Other contributory causes of importance:	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) David F. Brody . M. D.

(Address) Sinai Hospital

911 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 89-B

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Y OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. 7 ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Helen Waters

If U. S. Veteran specify WAR .....

(a) Residence: No. Patterson Park St., ... Ward. Penn —

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced

(or) WIFE of Wayne

TE OF BIRTH (month, day, year) 11/9/09

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	2	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Penn —

NAME Richard Haensch

BIRTHPLACE (city or town) (State or country) Mich —

MAIDEN NAME Susan Lyle

BIRTHPLACE (city or town) (State or country) Penn

FORMANT Reeds —

(Address)

RIAL, CREMATION OR REMOVAL

Place Evergreen Penn Date Feb 5 1936

NDERTAKER Chas. O. Mitchell & Sons

(Address) Fountain Place

EB 3 - 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1936 to Feb 2 1936

I last saw h[illegible] alive on Feb 2 1936 Death is said to have occurred on the date stated above, at 3.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess, Staphylococcal	1936
Lateral sinus thrombosis, R.	1935
Mastoiditis, chronic, R.	1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/28/36

For what disease or injury?

Name of operation Mastoidectomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

270 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20270

CERTIFICATE OF DEATH

94-8

Registered No. 14-1

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1403 Park Ave. St., 14-1 Ward)

h of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Dr. Nathan E.B. Iglehart

(a) Residence: No. 1403 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	married

married, widowed, or divorced
USBAND of
or) WIFE of Harriette Carr Iglehart

TE OF BIRTH (month, day, year) Mch. 19.1867

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) A.A.Co. MD.

NAME Thomas I. Iglehart

BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

MAIDEN NAME Ella Welch

BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

FORMANT N.E.B. Iglehart Jr.

Address) 1403 Park Ave.

RIAL, CREMATION, OR REMOVAL Cremation at Loudon Park Date Feby 5.1936

Place Davidsonville A.A.Co. Md.

NDERTAKER John J. Mitchell & Sons

ADDRESS 1300 Eutaw Place

LED 19 Registrar.

FEB 3 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby.1.1936

22. I HEREBY CERTIFY, That I attended deceased from July 1936, to Feb 1 1936. I last saw him alive on Feb 1 1936. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Duration of each

1 day

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) W.H. Hardy, M. D.

(Address) 1403 Park Ave.

20271 ✓ F 20271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+123

Registered No. .....

PLACE OF DEATH St Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Wilkens & Caton Ave 25-1 St., 25 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Evelyn Victoria Easton

(a) Residence: No. St Mary's College St., Leicester Ward. Howard Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2065

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Boston Mass
(State or country)

NAME Evelyn Victoria Easton

BIRTHPLACE (city or town) Boston
(State or country)

MAIDEN NAME Boston

BIRTHPLACE (city or town) Boston
(State or country)

NFORMANT Hospital Records.
(Address)

URIAL, CREMATION, OR REMOVAL Place St Mary's College Cem Date Feb. 5, 1936

NDERTAKER Easton Sons
(Address) Ellicott City

ILED Feb 5 1936 [illegible]

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1936 to February 2, 1936

I last saw h.. alive on February 3, 1936 Death is said to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. V. Williamson, M. D.

(Address) St. Agnes Hosp.

20272 ✓ F 20272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 27-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No

FULL NAME Mrs. Frederick P. Wieland

(a) Residence: No. 4145 Marx Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Wieland

7. DATE OF BIRTH (month, day, year) Aug 17 - 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory 906 S

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Germany

10. NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

12. INFORMANT Mrs. F. P. Wieland

(Address) 4145 Marx Ave

13. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem. Date Feb. 5th 1936

14. UNDERTAKER Chas. C. Craig & Son

(Address) 111 W. Ind. Royal Ave.

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-30 1936, to 2-2 1936

I last saw h. alive on 2-2 1936. Death is said to have occurred on the date stated above, at 5:06 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Larynx — Date of onset

Other contributory causes of importance:

Cardiac failure

Bronchio-pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Ramsey M. D.

(Address) Maryland General Hosp

✓ F 20273

0273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

PLACE OF DEATH ST. JOSEPH'S HOSPITAL 9-9
BALTIMORE, MD. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. .....

h of residence in city or town where death occurr... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. Lifetime

If U. S. Veteran specify WAR .....

FULL NAME Hannah Meehan

(a) Residence: No. 1628 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	widow

married, widowed or divorced USBAND of or) WIFE of Edward F. Meehan

TE OF BIRTH (month, day, year) April 3 1862

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	9	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) State or country) Baltimore Maryland

NAME Jeremiah Hanigan

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT Owen Ryan
Address) Chevy Chase Md

RIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct 4 36

DERTAKER Chas F. Sauerhoff
Address) 1111 N. Eutaw St.

LED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1. 1936

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1936 to February 1, 1936
I last saw h.er alive on February 1, 1936 Death is said to have occurred on the date stated above, at 11 38 P. m.

The principal cause of death and related causes of importance were as follows: Date of onset

1. Carcinoma of colon (splenic flexure)
2. Anteris ulcerosis

Other contributory causes of importance:
1. Hypertension
2. Chronic myocarditis

Was an operation performed? yes Date of 1-28-36
For what disease or injury? Carcinoma of colon
Name of operation Resection of colon Date of 1-28-36
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Hagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

F 2[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-e

PLACE OF DEATH University Hospital St., E. Ward 4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., ... Ward .....

h of residence in city or town where death occurred 58 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME John Bensel

(a) Residence: No. 6506 Hilltop Ave St., at Montana Ave Ward. Roslyn

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
4	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Clara Bensel

TE OF BIRTH (month, day, year) 1871

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64 6[illegible]			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Jefferson Co. Va.

NAME John Bensel

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Reichardt

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mrs Clara Bensel (Wife)

(Address) 5506 Hilltop Ave.

RIAL, CREMATION, OR REMOVAL

The Loudon Park Date 2-3-36 19

NDERTAKER Wendell E. Humphreys

(Address) 1501 N. Broadway

(19) 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1936 to 1/30, 1936

I last saw h[illegible] alive on 1/30, 1936 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Operation for Prolapse of caecum & Ileum Caecostomy	1/1/36
C.N.S. Lues	
Carcinoma of Sigmoid Colon	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/1/36

For what disease or injury? Prolapse of caecum & Ileum Caecostomy

Name of operation Reduction of prolapse & Repair Date of 1/1/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C H. Reen M. D.

(Address) University Hosp.

F 20275

75 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

PLACE OF DEATH University Hospital St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.

gth of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Ella L Keating

(a) Residence: No. 618 N Fremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Apr. 15-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	17	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

3. NAME John P Keating

4. BIRTHPLACE (city or town) (State or country) Ireland

5. MAIDEN NAME Ella L Hammond

6. BIRTHPLACE (city or town) (State or country) Balto Md

NFORMANT Ella L. Keating

(Address) 618 Fremont Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Feb 4 19

NDERTAKER J Vernon Hechinger

(Address) 2361 Edmondson

ILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture Skull — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Acc Date of Injury 1/31 1936

Where did injury occur? Foot 618 Fremont Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by automobile driven by unknown white male

Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Gurley Coate, M. D. Coroner

(Address) 907 N. Charles

20276

F 20276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-M

PLACE OF DEATH Sydenham Hospital 14-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

U. S. Veteran (specify WAR)

FULL NAME Elizabeth Kelley

(a) Residence: No. 022 N Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Don't know

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or min.
	45?	-	-	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Caroline Co Va

13. NAME Lucius Kelly

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Fannie Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Blanche Kelly

(Address) 022 N Paca St

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb 3 1936

UNDERTAKER James E Kilby Sr

(Address) 1 E Fayette St

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coma 2 hrs	1/31/36
b Uremia 2 days & face	1/29/36
c Hemp Septum	1/29/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? - Date of injury - , 19 -

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Presumably Home

Manner of injury Fell

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Conley Coroner, M. D.

(Address) 907 N Charles

20277 ✓ F 20277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-P

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 9-6 Ward)

th of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

If U. S. Veteran specify WAR

FULL NAME Frank Dietrick

(a) Residence: No. 2017 E. 32nd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 3-11-1863

E Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md.

NAME Frank J. Dittrick

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Catherine Keller

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Hospital records
(Address)

URIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 4 1936

NDERTAKER J. W. Little
(Address) 2733 Gunston Ave

ILED 3 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1935, to 2/1, 1936

I last saw him alive on 2/1 1936 Death is said to have occurred on the date stated above, at 2 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Baelo City Hosp.

20278 ✓ F 20278

HEALTH DEPARTMENT—CITY OF BALTIMORE

43-E

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2869 W. Lafayette Ave. St., 16-6 Ward)

th of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clara Hachtel Ward,

If U. S. Veteran specify WAR .....

(a) Residence: No. 2869 W. Lafayette Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Samuel W. Ward,

TE OF BIRTH (month, day, year) October 31, 1857

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	---	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO37

Date deceased last worked at this occupation (month and year) ..... | 11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) Baltimore Md.

NAME John C. Hachtel,

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Henriette Zeller,

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Samuel W. Ward

(Address) 2869 W. Lafayette Ave.

RIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/4/36, 19

NDERTAKER Geo W Sadler

(Address) 2700 Edmondson Ave.

LED 2-5-1936 by Dr. Nuttall, C.P.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 1 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1935 to Feb 1, 1936

I last saw her alive on Feb 1, 1936. Death is said to have occurred on the date stated above, at 4 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Throat	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred E Jewett, M. D.

(Address) 2 W Preston St

7279 ✓ F. 20279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47-13

PLACE OF DEATH

Y OF BALTIMORE: (No. Maryland General Hospital St. 14 Ward

th of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Robert Lusby Clark

(a) Residence: No. 4314 3717 Flowerton Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married.

married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mrs Bessie Clark

TE OF BIRTH (month, day, year) Apr. 21, 1892

E Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor + Sawdealer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Husband & Son Contracting

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 27 15

RTHPLACE (city or town) (State or country) Baltimore Maryland

NAME George Clark

BIRTHPLACE (city or town) (State or country) Maryland.

MAIDEN NAME Emily Insley.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

FORMANT Mrs. Bessie Wolf Clark

(Address) 4314 Flowertown Ave.

RIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. February 4 1936

NDERTAKER Wm H Cook

(Address) 1005 W. Baltimore St.

1936 Filed Feb 4, 1936 JVFW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/30, 1936 to 2/2, 1936

I last saw him alive on 2/2, 1936 Death is said to have occurred on the date stated above, at 9:45 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Ut Fundus. — Date of onset Aug '35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Josiah A. Hunt M. D.

(Address) Maryland General Hospital

20280

HEALTH DEPARTMENT—CITY OF BALTIMORE F 20280.

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 276 Monastery ave 20-7 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret A Lowery

(a) Residence: No. 276 S. Monastery Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of: John M. Lowery

6. DATE OF BIRTH (month, day, year): Nov. 18, 1858

AGE: Years: 77 | Months: 2 | Days: 13 | If LESS than 1 day, hrs. or min.: 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: ? Coffey

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: ? Ireland

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: Katherine Forsythe

(Address): 276 S. Monastery ave

BURIAL, CREMATION, OR REMOVAL

Place: St. Peters Date: Feb 5 1936

UNDERTAKER: Frederick A. Wolf

(Address): 1700 W Lombard St

FILED: FEB 3 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 2 1936

22. I HEREBY CERTIFY, That I attended deceased from January 25 1936 to February 1 1936

I last saw her alive on February 1 1936. Death is said to have occurred on the date stated above, at 12.01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcino-Sclerosis Renal with Hypertension	One year
Cerebral Hemorrhage	Jan 4, 1936

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W Johnson M. D.

(Address) 3432 Frederick Ave

D. B 1268-9

✓ F 20281

20281 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto. City Jail St., 17-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles B. Prunty
If U. S. Veteran specify WAR
(a) Residence: No. 446 E. 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 15, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept Balto.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md
13. NAME Charles Prunty
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Anna C. Wilbur
16. BIRTHPLACE (city or town) (State or country) Indiana
17. INFORMANT Laney Ehrman
(Address) 446 E. 20th. St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Balto. Date 2/4/36
19. UNDERTAKER John A. Bloom
(Address) 3000 E. Baltimore St.
19 ... Registrar.

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1, 1936
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Nephritis (Chronic)	

Other contributory causes of importance: Alcoholism Chronic

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

25. Signature Chas B. Wallace M. D.
Coroner
(Address) 131 St Paul St

F 20282

20282 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Carlisle Avenue St. 15-8 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No

FULL NAME THADDEUS A. BURCH

(a) Residence: No. 3408 Carlisle Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Burch

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Business
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor
11. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation 0045

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

13. NAME Francis Burch

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

15. MAIDEN NAME Sue Tennison

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

17. INFORMANT Mr. Joseph Burch
(Address) 3408 Carlisle Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Feb. 5 . 36

19. UNDERTAKER Chas. H. Grauel Son
(Address) 118 W. Mulberry Ave

20. FILED 1936 Feb 5 1936 M. H. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from February 2 1936 to July 3 . 1936
I last saw him alive on July 3 . 1936 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset ...

Other contributory causes of importance:

Was an operation performed? ✓ Date of ...
For what disease or injury? ✓
Name of operation ✓ Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. J. Kirby M. D.
(Address) 110 E North Ave

F 20283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-8 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Aubrey Tyree

(a) Residence: No. 1928 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/31/21

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	8	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10. NAME Maria Tyree

BIRTHPLACE (city or town) (State or country) Virginia

MAIDEN NAME Fannie Stokes

BIRTHPLACE (city or town) (State or country) Virginia

12. INFORMANT Records—
(Address) JOHNS HOPKINS HOSPITAL

13. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 5 1936

14. UNDERTAKER Rayner Sanders

(Address) 1403 E Preston St

15. Filed Feb 5 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1936 to Feb 2 1936

Last saw him alive on Feb 2 1936 Death is said to have occurred on the date stated above, at 11 20-a m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Fever, mitral stenosis

Myocardial Failure

Date of onset 10 mos ago

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Joseph F Sadusk Jr. M. D.

(Address) Johns Hopkins Hospital

1936 # 1

F 20284

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 11-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St. W-N Ward)

Length of residence in city or town where death occurred yrs. 0 mos. 08 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary Rohrbaugh

(a) Residence: No. Taneytown Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct. 30, 1931

6. Age: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4 1/2	3	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Maryland

NAME OF FATHER Charles Rohrbaugh

BIRTHPLACE (city or town) (State or country) Penna

MAIDEN NAME OF MOTHER Ruth Ohler

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mother and Father

(Address)

BURIAL, CREMATION, OR REMOVAL Lutheran Taneytown Date Feb 6 1936

UNDERTAKER G O Fuhrt Sons

(Address) Taneytown Md

1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/27 1936 to 2/3 1936

I last saw her alive on 2/3 1936 Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

Meningitis (cerv.)

Date of onset 1/29/36

Other contributory causes of importance:

Pyelitis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter Henry Gerwig Jr. M. D.

(Address) University Hospital

285 (Third) ✓ F 20285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Provident Hospital St., 12-2 Ward)

th of residence in city or town where death occurred 1 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR NO

FULL NAME Nathaniel Shird.

(a) Residence: No. 1111 West Mulberry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

married, widowed, or divorced HUSBAND of (or) WIFE of Single.

TE OF BIRTH (month, day, year) Jan. 4, 1851

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
14		27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill do

Date deceased last worked at this occupation (month and year) Jan. 1936

11. Total time (years) spent in this occupation 7 yrs.

RTHPLACE (city or town) (State or country) Greenwood Co. South Carolina

. NAME William Shird

. BIRTHPLACE (city or town) (State or country) S.C. Greenwood Co.

. MAIDEN NAME Annie Minion

. BIRTHPLACE (city or town) (State or country) Greenwood Co. S.C.

FORMANT Walter Shird

(Address) 1111 W. Mulberry St.

URIAL, CREMATION, OR REMOVAL

Place Greenwood, S. C. Date Feb 3, 1936

NDERTAKER Mrs Katie R Williams

(Address) 322 E Lanvale St.

Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-18-36 19..... to 2-1 1936

I last saw him alive on 2-1 1936. Death is said to have occurred on the date stated above, at 3-00 A. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 1-14-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R.H. Jackson M. D.

(Address) 1001 N. Arlington Ave.

. D. B 1268-9

F 20286

286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Bishop

(a) Residence: No. 1010 Rutland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Will Bishop.

DATE OF BIRTH (month, day, year) March 25-1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Sumpter
(State or country) S C

13. NAME Abraham Butler

14. BIRTHPLACE (city or town) S C.
(State or country)

15. MAIDEN NAME Cordia Spann

16. BIRTHPLACE (city or town) S C
(State or country)

INFORMANT Will Bishop
(Address) 1010 Rutland Ave

BURIAL, CREMATION, OR REMOVAL
Place Leander S.C. Date Feb 4th 1936

UNDERTAKER Wm. Robert Elliott & Sons
(Address) 1129 N. Caroline St

FILED 1936, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Jan 30, 1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation. No Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George C. Allen, M. D.

(Address) 509 Augusta St. Coroner

(William) ✓ F 20287

D. B 1268-9

287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Bretton City Hospital St., 16-7 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joseph William

If U. S. Veteran specify WAR .....

(a) Residence: No. 335 S. Kenwick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of X

ATE OF BIRTH (month, day, year) Unknown

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	44			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) Unknown
(State or country) Roumania

3. NAME Unknown

4. BIRTHPLACE (city or town) .....
(State or country) .....

5. MAIDEN NAME .....

6. BIRTHPLACE (city or town) .....
(State or country) .....

NFORMANT Joseph Smith

(Address) 521 Amity St

URIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date 2/5 19 36

NDERTAKER John E. Connelly

(Address) Essex Md.

Filed 2/5 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance: Unknown

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. A. Wright M. D.
Coroner

(Address) 1019 S. Edward St.

F 20288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20288

178-D

Registered No. 15-10

PLACE OF DEATH Dead on arrival at Wash. Co. Hospital, Hagerstown, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3800 Orchester Rd St., Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME John Horace Foster

(a) Residence: No. 3800 Orchester Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Agnes Green Foster

DATE OF BIRTH (month, day, year) June 16 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special representative, Government Life Ins. Co.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) Jan. 36 11. Total time (years) spent in this occupation. 17 yrs.

9. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

10. NAME John Foster

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

13. MAIDEN NAME Mary Lazarus

14. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

15. INFORMANT Mrs. Agnes V. Foster (Address) 3800 Orchester Rd.

16. BURIAL, CREMATION, OR REMOVAL Place Woodland Park Date Feb 5th 1936

17. UNDERTAKER Wm Cook (Address) 1217 St Paul St

18. FILED Feb 7 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1936

22. I HEREBY CERTIFY, That I last saw the deceased alive on Jan 31 1936 and that to the best of my knowledge and belief death occurred on the date stated above, at 11 00 A.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Barbiturate poisoning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 2/2/36.

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place garage Cor. Barrington Rd. & Ingraldale Road

Manner of injury Started car with motor running

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. Hann, M. D.
Coroner

(Address) Baltimore, Md.

R 1268-9

T 20289

0289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1607 N. Durham St., 8-6 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wm B. Weaver

(a) Residence: No. 1607 N. Durham St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
ale	White	Married

~~married, widowed, or divorced~~ HUSBAND of ~~wife~~

Weaver

TE OF BIRTH (month, day, year) Feb 5th 1857

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sey

Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation 25

IRTHPLACE (city or town) (State or country) Balto Md

NAME Melville Weaver

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country)

FORMANT Della Hannah

(Address) 1607 N. Durham St

RIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 5th 1936

NDERTAKER Wm Cook

(Address) 1217 St Paul St

LED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd 1936

I HEREBY CERTIFY, That I attended deceased from Jan 27 1936 to 2/2 1936

I last saw h[illegible] alive on 2/2 1936 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2/1

Other contributory causes of importance:

Mitral Regurgitation	2 yrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Muller M. D.

(Address) 150 N Broadway

F 20290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-4 Ward)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Talbott, Benjamin

(a) Residence: No. 1612 Abbott St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Talbott

6. DATE OF BIRTH (month, day, year) 4-11-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country) Thomas Balto.

9. NAME .....

10. BIRTHPLACE (city or town) (State or country) Thomas Balto.

11. MAIDEN NAME Kath. Fernand

12. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Records of Balto. City Hospt.
(Address)

BURIAL, CREMATION, OR REMOVAL Date 2-6 4th 1936

Place Balto

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 2-6-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/16 1936 to 2/2 1936

I last saw him alive on 2/2 1936 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12 hrs.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Roberta Reite M. D.

(Address) Balto City Hosp.

F 20291

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20291

V 123

CERTIFICATE OF DEATH

Registered No. 1569

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General Hospital St., 15 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME Mrs Ethel M. Anderson

(a) Residence: No. 2705 Mt. Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6. If married, widowed, or divorced (HUSBAND of or) WIFE of Stewart Anderson

7. DATE OF BIRTH (month, day, year) Aug 2, 1888

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5 (6)	1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

Date deceased last worked at this occupation (month and year) 1/23/36

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore Md.

11. NAME William C McAfee

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. MAIDEN NAME Maude C. Fall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. INFORMANT Stuart Anderson

(Address) 2705 Mt Holly St

16. BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Date Feb 5th 1936

17. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

18. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/23/36 to 2/3/36

I last saw her alive on 2/3/36. Death is said to have occurred on the date stated above, at 1:30 Am.

The principal cause of death and related causes of importance were as follows:

Paralysis Ileus — Date of onset 2/1/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/25/36

For what disease or injury? Fecal fistula.

Name of operation Excision of fistulous tract Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Josiah A. Hunt M. D.

(Address) Maryland General Hospital

F 20292

0292 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 421 N. Pulaski St., 70-1 Ward)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William E. Pearce

(a) Residence: No. 421 N. Pulaski St., Ward. No War Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

~~married~~ widowed, ~~or divorced~~

WIFE of HUSBAND of (~~or WIFE of~~) Maggie J. Pearce

6. DATE OF BIRTH (month, day, year) July 4th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME OF FATHER William E. Pearce

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME OF MOTHER Mary Jones

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Grace E. Maul

(Address) 421 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 4th 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1935, to Feb. 2, 1936

I last saw him alive on Feb. 1, 1936 Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 yrs.
	8 mo.
Other contributory causes of importance: Toxemia	2 wks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. D. McCleary M. D.

(Address) 400 N. Payson St.

D. B 1268-9

20293 F 20293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH City Hospital St. 24-4 Ward)

TY OF BALTIMORE: (No.

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War.

FULL NAME Mary O'Neil

(a) Residence: No. 1520 Riverside Ave St. Ward. (If non-resident give usual place of abode and State) No Usual Record

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary O'Neil

ATE OF BIRTH (month, day, year) Dec 6-1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as mill, saw mill, bank, etc. Cleaner Belle City

8. Date deceased last worked at this occupation (month, day, year) Feb 1936

11. Total time (years) spent in this occupation 2

9. BIRTHPLACE (city or town) (State or country) Belle Md

10. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Belle Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (City or town) (State or country) Ga

INFORMANT Mary O'Neil

(Address) 1520 Riverside Ave

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 5th 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Feb 7 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident (Hemmorhage)	
Injuries received in Contact with Automobile Truck	
(Other contributory causes of importance)	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 2/2 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If (a) specify

(Signed) Hubert Bayley (Auto) M. D.

Coroner

(Address) 987 W. Chase

0294

F 20294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Baltimore City Hospital St., 16-5 Ward)

rth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Kneiling. Mary

(a) Residence: No. 1249 Bentlow St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Louis F Kneiling

ATE OF BIRTH (month, day, year) 5-6-1863

GE 72 Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 41.66

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

8. Date deceased last worked at this occupation (month and year) 1925 | 11. Total time (years) spent in this occupation 30

BIRTHPLACE (City or town) Balto. (State or country) Md.

9. NAME Henry Kneiling

10. BIRTHPLACE (city or town) Germany (State or country)

11. MAIDEN NAME Louis Berger

12. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Records of Balto. City Hospt. (Address)

BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 4th 1936

UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED 19 ..... Registrar

1830

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1936 to Feb. 2 1936

I last saw her alive on Feb. 1936. Death is said to have occurred on the date stated above, at 12-20 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized — Unknown
Myocardial Insufficiency — Years ago
Hypertension — Unknown

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Clinical Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. G. de Lautelle M. D.

(Address) Baltimore City Hospitals

F 20295

F 1268-9

F 20295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-A

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. The Church Home & Infirmary St., 6 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? ? yrs. mos. ds.

FULL NAME Mrs Louise Kerchoff

(a) Residence: No. The Church Home & Infirmary St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

No War Record

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr Herman Kerchoff

7. DATE OF BIRTH (month, day, year) June 2nd 1842 1843 (?)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	8	1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederde Entfmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elsie Brunnert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. Walter Raley 3940 Related one

18. BURIAL, CREMATION, OR REMOVAL Place St. Peters Date Feb 5th 1936

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED Feb 5 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933 to Feb. 3, 1936

I last saw h alive on Feb. 3, 1936 Death is said to have occurred on the date stated above, at 5 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
old age	
Other contributory causes of importance: Broncho pneumonia	1 day

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Carlton E. Adams, M. D.

(Address) Church Home & Inf.

20296 HEALTH DEPARTMENT—CITY OF BALTIMORE 20296

CERTIFICATE OF DEATH

131

PLACE OF DEATH South Baltimore Gen. Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 16 Ward)

(Length of residence in city or town where death occurred) 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME Mary Chalker

(a) Residence: No. 2801 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ (or) WIFE of Lloyd A. Chalker

6. DATE OF BIRTH (month, day, year) Jan 6th 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Feb 1936

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME of Father Hughes

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME of Mother Ida Hyland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lloyd A. Chalker

(Address) 2801 Brighton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 4th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1936 to February 1, 1936 last saw her alive on February 1, 1936 Death is said to have occurred on the date stated above at 5:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Durfee M. D.

(Address) South Baltimore Hosp.

F 20297

F 20297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-L 95-B #10602

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

FULL NAME Thornton Woodward

(a) Residence: No. 3009 Mathews St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Woodward

DATE OF BIRTH (month, day, year) 12-23-91

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Georgia

NAME Joe Woodward

BIRTHPLACE (city or town) (State or country) ?

MAIDEN NAME Georgianna Watson

BIRTHPLACE (city or town) (State or country) N.C.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 5th 1936

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/19, 1935 to 2/2, 1936

I last saw him alive on 2/2, 1936 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	4 mo?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

20298 F 20298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-B

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospitals St., 5-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME William Armstrong

(a) Residence: No. 109 Asquith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) Oct. 1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	3		

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Cloth
11. Total time (years) spent in this occupation
9. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country) Balto Maryland

13. NAME James Armstrong
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Mary Reynolds
16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT R W Armstrong
(Address) 42 S. Front St

BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date Feb 7 1936

UNDERTAKER E. E. Cook
(Address) 1103 N. Calhoun St

FILED ... 19 ... Registrar.

Feb 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ruptured Aortic aneurism	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 Fleet Ave.

20299

F 20299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46-D

PLACE OF DEATH

Registered No. 27-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 4304 Roland Ave. St., Ward)

th of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Dr. Henry G. Ulrich

(a) Residence: No. 4304 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	widowed

married, widowed, or divorced
USBAND of (or) WIFE of Berhta Lunt

TE OF BIRTH (month, day, year) April 16, 1847

E Years	Months	Days	If LESS than 1 day, hrs. or min.
88	8	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dentist

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Carlisle, Pa.

NAME John Ulrich

BIRTHPLACE (city or town) (State or country) Pa.

MAIDEN NAME Susannah Groff

BIRTHPLACE (city or town) (State or country) Pa.

FORMANT John L. C. Ulrich

(Address) Rosemont, Pa.

RIAL, CREMATION, OR REMOVAL

Place Carlisle, Pa. Date 2/4/36. 19

NDERTAKER John O. Mitchell Sons.

(Address) 1900 Eutaw Place

LED

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1935, to 2-2, 1936

I last saw h im alive on 2-1, 1936 Death is said to have occurred on the date stated above, at 7.00 A m.

The principal cause of death and related causes of Importance were as follows:

CARCINOMA OF RECTUM — Date of onset 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Jones M. D.

(Address) 1129 St. Paul St.

20300 F 20300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2001 Park Ave St. 13-2 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Samuel Shaw

(a) Residence: No. 2001 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) Dec. 22-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	11 10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R. R. Clerk

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 60 yrs

BIRTHPLACE (city or town) (State or country) Pa

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Miss Guist

(Address) 2001 Park Ave

BURIAL, CREMATION, OR REMOVAL

Place Lunkentown Pa Date Feb. 5 1936

UNDERTAKER Chas. E. Franck

(Address) 601 Madison Ave

FILED Feb 5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1936 to Feb 2 1936

I last saw him alive on Feb. 2 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2/3/36

General Arterial Changes

Other contributory causes of importance:

Hypertension — Art Sclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Austin F. Robinson M. D.

(Address) Medical Arts Bldg.

F 20301

F 20301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 846 Edmondson Ave St., (Ward) 17-3

(Length of residence in city or town where death occurred) 48 yrs. 11 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mitchell Bailey

(a) Residence: No. 846 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 28-1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	11	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own employer

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

NAME Mitchell Bailey

BIRTHPLACE (city or town) (State or country) Cambridge Md

MAIDEN NAME Catherine Pinkett

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Jennie Reed

(Address) 846 Edmondson

BURIAL, CREMATION, OR REMOVAL

Place Auburn Date FEB 5 1936

UNDERTAKER Edmund W. Chenowith

(Address) 1551 N. Gilmor St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1936 to Feb 2 1936

I last saw h alive on Feb 2 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 20 1936
Other contributory causes of importance:	
Hypertension	1935

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 20302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. F 20302

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4154 Pimlico Rd St. 15-13 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizzie Kallert

(a) Residence: No. 4154 Pimlico Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced (or) WIFE of: Morris Kallert (deceased)

DATE OF BIRTH (month, day, year): 1868

AGE: 67 Years | Months: — | Days: — | If LESS than 1 day, hrs. or min.: —

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework

8. Date deceased last worked at this occupation (month and year) | 9. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Charles Kallert

(Address) 3730 Cottage Ave

BURIAL, CREMATION, OR REMOVAL: Southern ave

Place Date 1/4 1936

UNDERTAKER: Sol Lorsman & Bro

(Address) 1711 E. Baltimore St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to Feb 3d 1936

I last saw h.. alive on Feb 2d 1936 Death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	7
Coronary thrombosis	1

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Place

Co. 5-01 2508

303 **HEALTH DEPARTMENT CITY OF BALTIMORE** F 20303

V 131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 510 S. Washington St., 2-3 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John E. Mc. Lenahan

(a) Residence: No. 510 S. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) July 3-1857

E	Years	Months	Days	If LESS than 1 day hrs or min.
	78	7	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ore Inspector

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto. Md.

NAME James Mc. Lenahan

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Mary Ann Kerr

BIRTHPLACE (city or town) (State or country) Balto

NFORMANT Mrs. Sarah E. Mc. Lenahan
(Address) 510 S. Washington St.

URIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Date 2/5/36

NDERTAKER
(Address)

ILED ... by ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4 1932 to February 2. 1936

I last saw him alive on February 1. 1936 death is said to have occurred on the date stated above, at 9 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1934
Gen. Arteriosclerosis	
Cerebral Hemiplegia	May 1935
Other contributory causes of importance:	
Hypostatic Pneumonia	Sept 1935
Bilateral	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Geyer M. D.

(Address) 156 N. Patterson Ave

0304 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20304

CERTIFICATE OF DEATH

93-C

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 707 Beaumont Ave 27-10 St., Ward)

th of residence in city or town where death occurred 44 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Brune Ball

If U. S. Veteran specify WAR

(a) Residence: No. 707 Beaumont St., Ward.

(If non-resident give city or town and State)

(usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married.

married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Ball Jr.

TE OF BIRTH (month, day, year) Jan. 29, 1892

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	0	4 3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto. Md.

NAME Wm S. Brune

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME Annie M. Rummelsburg

BIRTHPLACE (city or town) (State or country) Balto. Md.

FORMANT Wm H. Ball Jr.

(Address) 707 Beaumont Ave

RIAL, CREMATION, OR REMOVAL London Park Date Feb. 5 1936

Place

NDERTAKER Wm Fischer Sons

(Address) Fulton & Pa Ave.

LED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1936 to Feb 2 1936

I last saw h[illegible] alive on Feb 1 1936 Death is said to have occurred on the date stated above, at 4.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	2 days
Dilated Heart	3 yrs.
Hypertension	6 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Med Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H N Pearre M. D.

(Address) 1205 Clark St

20305 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20305

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 3026 Wallbrook Ave (Street) 5-6 (Ward)

th of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George Albert Owings

If U. S. Veteran specify WAR .....

(a) Residence: No. 3026 Wallbrook Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Adah E. Owings.

DATE OF BIRTH (month, day, year) Sept. 29, 1861

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Travelling Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rowe-Hampton Co.

Date deceased last worked at this occupation (month and year) 10 | 11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Lisbon Md.

NAME Edwin H. Owings.

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Ecksal Bradford

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Adah E. Owings

(Address) 3026 Wallbrook Ave

BURIAL, CREMATION, OR REMOVAL Feb. 5 36

Place London Park Cem.

UNDERTAKER Wm. Rickert Sons

(Address) North & Pa Aves.

FILED - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to Feb 2" 1936

I last saw him alive on Feb 1" 1936. Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/20/36

Paralysis

Other contributory causes of importance:

Nephritis (Chronic) — Date of onset ?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place none

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hubert E. Zepp M. D.

(Address) 3048 N. Howard St Balto. Md

F 20306

20306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1119 McKean Ave. Ward) 16-4

th of residence in city or town where death occurred 68 yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Louise H. Turner

(a) Residence: No. 1119 McKean Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

6. If married, widowed, or divorced. HUSBAND of (or) WIFE of David H. Turner

7. DATE OF BIRTH (month, day, year) Oct. 5, 1867

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	3	28	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

10. BIRTHPLACE (city or town) (State or country) Balto. Md.

11. NAME OF FATHER Wm Jorss

12. BIRTHPLACE (city or town) (State or country) Germany

13. MAIDEN NAME OF MOTHER Elizabeth Roper

14. BIRTHPLACE (city or town) (State or country) Germany

15. INFORMANT Mr. Raymond Turner

(Address) St. Michaels Md.

16. BURIAL, CREMATION, OR REMOVAL Place Oakdawn Cem. Date Feb. 4 36

17. UNDERTAKER (Wm) H. Dryer Sons

(Address) North & Paines.

18. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18. 1935. to Feb. 2 1936

I last saw her alive on Jan 31 1936. Death is said to have occurred on the date stated above, at 4:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	July 35

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. William Fiey M. D.

(Address) 1128 Penna Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20307

CERTIFICATE OF DEATH

34-J-122-a

Registered No. .....

PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-2 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

FULL NAME Claude Thrower

(a) Residence: No. 1333 N Lafayette ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Essie

DATE OF BIRTH (month, day, year): 9-17-97

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	4	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country): NC

10. NAME OF FATHER: James Thrower

11. BIRTHPLACE (city or town) (State or country): NC

12. MAIDEN NAME OF MOTHER: Catharine ?

13. BIRTHPLACE (city or town) (State or country): NC

14. INFORMANT: Records Johns Hopkins Hospital

(Address)

15. BURIAL, CREMATION, OR REMOVAL: Place Ayden N.C. Date Feb 6 1936

16. UNDERTAKER: Thomas E. Kelly

(Address) 1303 Eastern Ave

17. FILED A-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936 to Feb 3, 1936

I last saw him alive on Feb 3, 1936. Death is said to have occurred on the date stated above, at 6 20 a.m.

The principal cause of death and related causes of importance were as follows:

Incarcerated diaphragmatic hernia — Date of onset 1-27-36

Other contributory causes of importance:

Hemorrage — Date of onset 1-27-36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph T. Ladasky Jr. M. D.

(Address) Johns Hopkins Hospital

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

0308 — F 20308

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Boston St., 1-4 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME George Dueland — U. S. Veteran — specify WAR .....

(a) Residence: No. 2306 Boston St.; Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gladys.

7. DATE OF BIRTH (month, day, year) Sept 13 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Trans. Co.

10. Date deceased last worked at this occupation (month and year) Jan 36

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Denmark

13. NAME OF FATHER George Dueland

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Denmark

INFORMANT Mrs. Mary Pollett

(Address) 1230 S. Ellwood Ave

BURIAL, CREMATION OR REMOVAL

Place St. Paul Lutheran Reformed Church Date Feb. 4 1936

UNDERTAKER Stephen D. Fralbourtis 1812 N.

(Address) 1000 S. Kenwood Ave

FILED ..... Registrar .....

FEB 4 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and (from the evidence obtained by said inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	

Other contributory causes of importance: Probably Chronic myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what?

(Signed) W. W. Wright, M. D.

(Address) 1014 S. Ellwood Ave. Coroner

11958

20309 HEALTH DEPARTMENT—CITY OF BALTIMORE 20309

CERTIFICATE OF DEATH

95-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mary Agnes Eisenhardt

(a) Residence: No. 1235W. Lombard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) 7-14-1904

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	6	18, 17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

9. NAME James Curried

10. BIRTHPLACE (city or town) (State or country) Ireland

12. MAIDEN NAME Barbara Strayler

13. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Hospital records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Jan 4, 1936

UNDERTAKER Reid & L. M. Waters

(Address) N. Eutaw St. & Fayette St.

FILED ..... 19..... Registrar

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/28, 1936, to 2/1, 1936

I last saw her alive on 2/1, 1936. Death is said to have occurred on the date stated above, at 3 30/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reik, M. D.

(Address) Bon Secours Hosp.

Co. 5-11 2508

F 20310

20310 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 324 S Clinton St. (St.) 76-10 (Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Marvin Roland Fox

(a) Residence: No. 324 S Clinton St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov 14 - 21

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	2	19 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work prob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md.

13. NAME OF FATHER Marvin T. Fox

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME OF MOTHER Mary Noyes

16. BIRTHPLACE (city or town) (State or country) Balt. Md

17. INFORMANT Marvin T. Fox
(Address) 324 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb. 9, 1936

19. UNDERTAKER John Ulyett
(Address) 2008 Eastern Ave

20. FILED ... 19... Huntington Phillips, Registrar.

1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb - 7 - 1936

I HEREBY CERTIFY, That I attended deceased from Feb 1 - 1936 to Feb - 7 - 1936

I last saw him alive on Feb - 7 1936 death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Acute Broncho Pneumonia	Feb 1 36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) Horace J. Friedman M. D.

(Address) 601 Eastern Ave

F 20311

20311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth 20 yrs. mos. da.

FULL NAME John Miller

If U. S. Veteran specify WAR none

(a) Residence: No. 722 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalene Eudaites Miller

DATE OF BIRTH (month, day, year) Oct. 31, 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	3	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

8. Date deceased last worked at this occupation (month and year) Jan. 1926

11. Total time (years) spent in this occupation 18

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT A. J. Miller

(Address) 5306 Coreelia Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4/4 19

UNDERTAKER Herman Lemmon

(Address) 461 Park Heights

FILED ..... 19 ..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1930

22. I HEREBY CERTIFY, that I last saw the deceased on Inquiry, and that I have taken charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Poison (Illuminating)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Feb. 2, 1930

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? 722 W. Lexington St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Water boiled out of pot put out gas light

Nature of injury Carbon Monoxide Poisen

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Mullen M. D.

(Address) 2737 W. Lexington Coroner

F 20312

20312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 525 S. DALLAS ST. St., 3-1 Ward)

th of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME JOHN LINDEMAN

(a) Residence: No. 525 S. DALLAS ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	WHITE	MARRIED

married, widowed, or divorced HUSBAND of (or) WIFE of ROSE LINDEMAN

TE OF BIRTH (month, day, year) JAN. 1 1869

E Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	30	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

Industry or business in which work was done, as silk mill, saw mill, bank, etc. G[illegible]

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) BALTIMORE MD.

. NAME HENRY LINDEMAN

. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

. MAIDEN NAME ?

. BIRTHPLACE (city or town) (State or country) GERMANY

NFORMANT (Address) ROSE LINDEMAN (WIFE) 525 S. DALLAS ST.

URIAL, CREMATION, OR REMOVAL Place MOUNT CARMEL Date FEB. 4 1936

NDERTAKER (Address) Lilly & Zeiler 403 S. Monroe St.

Filed 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 1 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28 19 36 to Feb. 1 19 36

I last saw him alive on Feb. 1 19 36. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset
?

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M.D.

(Address) 16 S. Broadway

F 20313

D. B 1268-9

20313 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 13-3 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lottie May Brown

(a) Residence: No. 2616 Bank Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Samuel Brown

DATE OF BIRTH (month, day, year) January 16, 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	0	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

7. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Agnes Pierson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Earl Pierson

(Address) Richmond, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb. 4, 1936

19. UNDERTAKER Fred E. Leland

(Address) 1303 Pennsylvania Ave

FILED ..... 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis (Organ undetermined)	

Other contributory causes of importance: Anemia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Whedon, M. D.
Coroner

(Address) 1919 E. North ave

20314 F 20314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#11862 108

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospital St., 3-W Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME William Jones

(a) Residence: No. 119 Watson St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Separated

married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy

TE OF BIRTH (month, day, year) 1-3-1885

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
1			25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Washington, D.C.

NAME Asbuy (D)

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Katie Teels, (D)

BIRTHPLACE (city or town) (State or country) Md.

NFORMANT Records of Balto. City Hospt.
(Address)

URIAL, CREMATION, OR REMOVAL

Pla Vacant Hgts Date 2/4 , 36

NDERTAKER [illegible]
(Addres)

[illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/23, 1936, to 1/31, 1936.

I last saw him alive on 1/31 1936 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 15 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

20315 F 20315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital 4-2 St., 4 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Golden James Robinson

(a) Residence: No. 219 N. Pine Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced, HUSBAND of (or WIFE of) Eliza Robinson

DATE OF BIRTH (month, day, year) June 7, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	7	24	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. do

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc

11. Total time (years) spent in this occupation 30

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) Charleston W. Va.

14. NAME Golden Robinson

15. BIRTHPLACE (city or town) (State or country) Charleston W. Va.

16. MAIDEN NAME Caroline Blue

17. BIRTHPLACE (city or town) (State or country) Charleston W. Va.

18. INFORMANT Eliza Robinson (Address) 219 N. Pine St.

19. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Feb. 4 1936

20. UNDERTAKER Chas. Harper (Address) 5140 Pimlico Rd.

Filed ... 19... Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-30 1936 to 2-1 1936.

I last saw him alive on 2-1 1936. Death is said to have occurred on the date stated above, at 7:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-31-36
Hypertensive cardio-vascular disease	1-1-35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Dal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If not specify .....

(Signed) K. H. Jackson. M. D.

(Address) 1600 Pennsylvania Ave.

20316 ✓ F 20316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2326 N. Charles St., 17-14 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Helen Mae Coulter

(a) Residence: No. 2326 N Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Coulter

DATE OF BIRTH (month, day, year) Jan 15 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	+	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (at home)

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME Wm H. Bowman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Louise Harrison

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Jas M. Coulter

(Address) 2326 N. Charles St.

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Oct. 4 1936

UNDERTAKER Emory V. Kemp & Sons

(Address) 32 E. Lafayette Ave

FILED ... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1935, to Feb 1 1936

I last saw h Sw alive on Feb 1 1936 Death is said to have occurred on the date stated above, at 4:30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (ilium, left)	

Other contributory causes of importance:

Auricular fibrillation

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H. Mostawd Jr. M. D.

(Address) 1301 St. Paul St.

20317 ✓ F 20317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 302 Suffolk Road 21-1 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Elizabeth Crummer

(a) Residence: No. 302 Suffolk Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married~~ ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Single

If ~~married, widowed or divorced~~
(HUSBAND) of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 14th 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	20	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Edward Crummer
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Elizabeth L. G. Roskitt
16. BIRTHPLACE (city or town) (State or country) Salt Co Md
17. INFORMANT Mary Crummer
(Address) 302 Suffolk Road
18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date 2/6/36 19
Place
19. UNDERTAKER Henry Heuisler & Son
(Address) Orchard & Fulton Aves
20. FILED Feb 7 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb Jan 25th 1936 to Feb 3rd 1936
I last saw h[illegible] alive on Jan 2nd Feb 1936 Death is said to have occurred on the date stated above, at 1130 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lung Extension	1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C B Grumbine Jr M. D.

(Address) 3908 N Charles St

1936

F 20318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

PLACE OF DEATH Sinai Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maunsell & Rutland Ave St., 8-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Ida M. Hankee

(a) Residence: No. 1812 N Wolfe St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Tillmore

DATE OF BIRTH (month, day, year) July 24 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

9. BIRTHPLACE (city or town) (State or country) Balto Co.

13. NAME Father Joseph Christopher

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

15. MAIDEN NAME Mother Josephine Gambel

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

INFORMANT Tillmore Harper

(Address) 1812 N Wolfe St.

BURIAL, CREMATION, OR REMOVAL

PLACE Ebenezer Methodist Date Feb 5 1936

UNDERTAKER Martin W. E. Duppel

(Address) 37 S. Ann St

FILED ..... Registrar.

4-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Feb 2, 1936

I last saw her alive on Feb 2, 1936. Death is said to have occurred on the date stated above, at 9:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
diabetes mellitus	
diabetic gangrene left leg.	

Other contributory causes of importance:

Was an operation performed? yes Date of Jan 20, 1936

For what disease or injury? diabetic gangrene left leg

Name of operation amputation Date of 1/20/36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robert Chamoore, M. D.

(Address) Sinai Hospital

20319 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1624 Barnes St., 7-4 Ward)

th of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Alonza Ellis

(a) Residence: No. 1624 Barnes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

married, widowed, or divorced
HUSBAND of (or) WIFE of Anita Ellis

TE OF BIRTH (month, day, year) 1/3/96

E Years	Months	Days	If LESS than 1 day, hrs. or min.
40	1	0	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck operator

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Co

Date deceased last worked at this occupation (month, year) 9/1935 | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Md

. NAME Robert Ellis

. BIRTHPLACE (city or town) (State or country) Balto Md

. MAIDEN NAME Lilly Bailey

. BIRTHPLACE (city or town) (State or country) Balto Md

NFORMANT mrs. Anita Ellis

(Address) 1624 Barnes St

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/6/36 19

NDERTAKER Geo. H. Holland

(Address) 1601 Edmondson Hill Ave

FILED 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-31 1935 to 2/3 1936

I last saw him alive on 2/3 1936 Death is said to have occurred on the date stated above, at 9.05 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	?
Aortic insufficiency	?

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wayne Thomas M. D.

(Address) 150 E. madison st

B. B. 1268-9

F 20320

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20320

CERTIFICATE OF DEATH

Registered No. 15-359

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N. Bentalou St. St., 15 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? 65 yrs. mos. ds.

FULL NAME Rosa Goldsmith

(a) Residence: No. 1820 N. Bentalou St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Goldsmith

6. DATE OF BIRTH (month, day, year) Jany. 12, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ---------- Goodman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. Sadie Goldsmith
(Address) 1820 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebree Friendship Feby. 6, 19 36

19. UNDERTAKER Lloyd Condrasse & Son
(Address) 1902 Lutaw Place

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 3, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 31, 1936 to Feb 3, 1936

I last saw he alive on Feb 3, 1936 Death is said to have occurred on the date stated above, at 10-45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Senility	10 yrs
Other contributory causes of importance: Diabetic Coma	1 Day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ernest E. Wagner, M. D.

(Address) Esplanade apts.

B. 1268-9

20321 HEALTH DEPARTMENT—CITY OF BALTIMORE 20321

CERTIFICATE OF DEATH

94-B
Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Marlborough Apts. St., 14-1 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rosa Newhoff

(a) Residence: No. Marlborough Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Max Newhoff

6. DATE OF BIRTH (month, day, year) Feby. 4, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Aaron Frank

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Betty Fleishman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Lee Newhoff,
(Address) Marlborough Apts.

18. BURIAL, CREMATION OR REMOVAL.
Place Balto. Hebrew Cem. Date Feb. 5, 1936

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED Feb 3 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 3, 1936

I last saw her alive on Feb 3, 1936 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Feb 1 (2 days)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Frederick Leitz, M. D.

Feb 3 36 (Address) Temple Garden Apts

F 20322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 E. Fayette St. 5-1 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Chester Chalk

(a) Residence: No. 34 N. Caroline St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced (or) WIFE of: Mary Chalk

DATE OF BIRTH (month, day, year): January 9, 1904

AGE: Years 32; Months ...; Days 3; If LESS than 1 day, ... hrs. or ... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Various places

Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

BIRTHPLACE (city or town) (State or country): ~~Hampton~~ Hoffman Co.

NAME OF FATHER: John Chalk

BIRTHPLACE (city or town) (State or country): Hampton County

NAME OF MOTHER: Francis Wilson

BIRTHPLACE (city or town) (State or country): Hampton County

INFORMANT: Mary Chalk

(Address) 34 N. Caroline St.

BURIAL (or CREMATION): Fed. Hill Date Feb. 5 1936

UNDERTAKER: Jackson

(Address) 801 N. Carroline St.

FILED: Feb 5 1936 Examined by: ... Registered by: NH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1935 to Jan. 28, 1936

I last saw h... alive on Jan 28, 1936 Death is said to have occurred on the date stated above, at 10:1. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1935
chr. myocarditis	1932

Other contributory causes of importance: ...

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) R. G. Nicholson M. D.

(Address) 2230 Eutaw Pl.

Aydt ✓ F 20323

F 20323 HEALTH DEPARTMENT—CITY OF BALTIMORE E20323

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Clarkson St., 23-3 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? 5 yrs. mos. da.

If U. S. Veteran specify WAR .....

FULL NAME Eva Aydt

(a) Residence: No. 1515 Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W Lite	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Aydt.

DATE OF BIRTH (month, day, year) Feb 8 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	24	2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Father. Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Agnes

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs Barbara Ritterson

(Address) 1515 Clarkson St

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross. MA Date 2/6/36, 19

UNDERTAKER Bernard C. Neale

(Address) 12 E. Mt St.

FILED FEB 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936 to Feb 2, 1936

I last saw her alive on Feb 1, 1936 Death is said to have occurred on the date stated above, at 8:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1/31/36
Senile Myocarditis	1931
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J F Hawkins M. D.

(Address)

6

F 20324

0324 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4540 Keswick Road St., 27-44 Ward.)

If of foreign birth? ..... yrs. ..... mos. ..... ds. How long in U. S. ..... If U. S. Veteran ——

Birth of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. specify WAR .....

FULL NAME Bessie Marion Brooks

(a) Residence: No. 4540 Keswick Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Brooks

7. DATE OF BIRTH (month, day, year) Aug. 15-1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Atmir Liberty Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pottstown. Pennsylvania

13. NAME Frank H. Hoffman

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Elizabeth C. Yocum

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Elizabeth C. Hoffman

(Address) 4540 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Pottstown, Pa. Feb. 5- 1936

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

20. FILED 1936 Hamilton Ave. Ref. 1 AM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2- 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5. 1936 to Feb 2 1936

I last saw her alive on Feb. 1 1936. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Gastric ulcer — Date of onset Jan. 5

Hemorrhage — 4 wks

Other contributory causes of importance: Superficial insufficiency Walmer sclerosis — 4 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Hamburg M. D.

(Address) 714 Park Ave

F 20325

325 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH Brooklyn 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 404 Patapsco Ave St., 25-4 Ward)

gth of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Esta Lee L. Jacobs

If U. S. Veteran specify WAR .....

(a) Residence: No. 404 Patapsco Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of James A Jacobs

ATE OF BIRTH (month, day, year) Nov 6 1887

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	2	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md

3. NAME Charles A Streck

4. BIRTHPLACE (city or town) (State or country) Annapolis Md

5. MAIDEN NAME Mary Mosley

6. BIRTHPLACE (city or town) (State or country) Annapolis Md

NFORMANT (Address) Mrs James A Jacobs 404 Patapsco Ave

BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Feb 6 1936

NDERTAKER (Address) John F Dennis 715 Light St

1936 Huntington & Pilgrim 3rd Feb

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/8/35 1935 to 2-2 1936

I last saw her alive on 2/2/ 1936 Death is said to have occurred on the date stated above, at 8 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix uteri	1/8/35

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 1935

For what disease or injury? Ovarian Cyst

Name of operation Remove ovarian cyst Date of Jan 1935

What test confirmed diagnosis? Microscopic exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James Brown M. D.

(Address) 705 Medical Arts Bldg

✓ F 21[illegible]

0326 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 22-1 Ward)

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Baby Boy Kennedy

(a) Residence: No. 647 W. Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) January 31, 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) University Hospital

9. NAME Paul Kennedy

10. BIRTHPLACE (city or town) (State or country) South Carolina

11. MAIDEN NAME Ellen Norman

12. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Feb 4, 1936

UNDERTAKER
(Address)

FILED FEB 1936

20-73

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1936 to February 2, 1936

I last saw h[illegible] alive on February 2, 1936. Death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Immaturity	1/31/36

Other contributory causes of importance:

Bronchial pneumonia	2/1/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. H. DeLacy M.D.

(Address) University Hospital

D. B. 1268-9

✓ F 20327

0327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 W. Fayette St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 11 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Louis Kesmodel Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 1628 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lily M. McCoy

DATE OF BIRTH (month, day, year): March 3, 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cutlery Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: -------

10. Date decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Martin Kesmodel

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Minnie Alexander

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

INFORMANT (Address): Mrs. Lily M. Kesmodel 1628 W. Fayette Street

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 2/5 1936

UNDERTAKER (Address): Henry W. Mears & Son 5 [illegible]

FILED 1936 Huntington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 3rd 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Feb 3rd 1936

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Pain in heart before Was Necropsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Phillips M. D.

(Address) 1939 Edmondson Ave, former

✓ F 20328

0328 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-13

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Provident Hospital St. W-K Ward)

gth of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Nathaniel Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 672 Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

ATE OF BIRTH (month, day, year) 1866

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Whitesville W.C.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) Phebia Morgan 672 South Saratoga St.

BURIAL, CREMATION, OR REMOVAL Place Mt Med School Date Feb 4 19 36

UNDERTAKER (Address) Commissioner Health.

1936 Huntington Livingston, Registrar

20.5 ovr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4- 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1936 to 2-4 1936

I last saw him alive on 2-4 1936. Death is said to have occurred on the date stated above, at 8 55 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident	1-24-36
Hypertensive cardio renal disease	Yrs. Ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Jackson M. D.

(Address) 1600 W. Lanvale.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20329

329

CERTIFICATE OF DEATH

25-5 131

PLACE OF DEATH An municipal ambulance No. 5. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) En route South Baltimore General Hospital.

th of residence in city or town where death occurred 25 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? 23 yrs. ---- mos. ---- ds.

FULL NAME Daniel Krawczyk.

(a) Residence: No. 1634 Hazel St. Curtis Bay. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed or divorced)
HUSBAND of XXXXXXXXXX Alexandria Krawczyk.

TE OF BIRTH (month, day, year) Do not know.

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	: ----	----	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

Industry or business in which work was done, as silk mill, saw mill, bank, etc

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Austria.

NAME Theodore Krawczyk.

BIRTHPLACE (city or town) (State or country) Austria.

MAIDEN NAME Do not know.

BIRTHPLACE (city or town) (State or country) Austria.

FORMANT Alexandria Krawczyk. (wife)

Address) 1634 Hazel St. Curtis Bay.

RIAL, CREMATION, OR REMOVAL

Place Holy Cross A.A.Co. Date Feb 5. 1936

NDERTAKER Wm. L. Fialkowski

Address) 2001 Eastern Ave.

LED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 12.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

2/3/36 (Address) 1017 N. Charles St.

20330 ✓ F 20330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 98 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hosp. St. 4-West Ward)

th of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

FULL NAME George Rineman

(a) Residence: No. Hampstead St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
a	W	Widower

married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Rineman

TE OF BIRTH (month, day, year) October 13, 1860

E Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md.

NAME Wm. Rineman

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Charlotte Stricklin

BIRTHPLACE (city or town) (State or country) Md.

FORMANT (Address) Mr. P. A. Rineman Hampstead, Md.

RIAL, CREMATION, OR REMOVAL

Place Hampstead, Md. Date Feb. 7, 1936

NDERTAKER (Address) Edward Tipton Hampstead, Md.

Registrar.

LED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1936, to 2-4, 1936

I last saw h,m alive on 2-3, 1936. Death is said to have occurred on the date stated above, at 2:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-29-36
Arteriosclerosis -	

Other contributory causes of importance:

Auricular fibrillation -
Amputation of rt leg -

Was an operation performed? Yes Date of 1-26-36

For what disease or injury? Arteriosclerotic gangrene of foot.

Name of operation Amputation Date of 1-26-36

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Cotter, M. D.

(Address) University Hosp

F 20331

H. D. B. 1268-9

0331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Betty Goldsborough

(a) Residence: No. 414 Wesley St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) October 17, 1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME James A. Goldsborough

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Dorothy A. Rose

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Dorothy Goldsborough

(Address) 414 Wesley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 5 1936

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Ohrenberger, M. D. Coroner

(Address) 1919 E. North ave.

D. B 1268-9

✓ F 2332

332 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3613 Mc Tavish Ave (Ward) 26-1

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frederick C. Ames

(a) Residence: No. 3613 Mc Tavish Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX	3. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Alberta M. Ames

6. DATE OF BIRTH (month, day, year) Nov. 16-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	18 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner Farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Frederick Ames, Jnd

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Catherine Zimmerman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Alberta M. Ames
(Address) 3113 Mc Tavish Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date . 19

19. UNDERTAKER George L. Schryer
(Address) 3613 Mc. Tavish Ave

1930

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3rd. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2nd. 1936 to Feb. 3rd. 1936

I last saw him alive on Feb. 3 1936 Death is said to have occurred on the date stated above, at 5 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	unknown

Other contributory causes of importance:

cardiac decompensation	1 mo

Name of operation ✓ Date of ✓

What test confirmed diagnosis? cc Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Lyles M. D.

(Address) 3721 Clark Ave

20333 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20333

CERTIFICATE OF DEATH

92a

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 W 34th St. St., 13-6 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Margaret E. Fitzpatrick.

(a) Residence: No. 723 W 34th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Matthew J. Fitzpatrick

7. DATE OF BIRTH (month, day, year) Dec 9, 1856

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME OF FATHER James Finnan.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME OF MOTHER Ann Fully.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Matthew J. Fitzpatrick

(Address) 723 W. 34th St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Feb 5 1936

19. UNDERTAKER Thompson & Son.

(Address) 3615-17 Eastern Ave.

20. FILED 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1936

I HEREBY CERTIFY, That I attended deceased from February 29, 1936 to Feb 2, 1936

I last saw h... alive on Feb 1, 1936 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Myocarditis and Chr. Endocarditis	1930

Other contributory causes of importance:

Arteriosclerosis	P
Pleural effusion, Right	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Geraghty M. D.

(Address) 10 E Biddle St

F 20334

D. F. 1268-9

20334 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 3 N. Fulton Ave Ward) 19-2

gth of residence in city or town where death occurred 25 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

FULL NAME Emma A. Shepherd

(a) Residence: No. 3 N. Fulton Ave Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed or Divorced~~ (write the word)
~~male~~	White	Married

~~If married, widowed or divorced~~ (or) WIFE of John A. Shepherd

ATE OF BIRTH (month, day, year) Oct 2 1879

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	2.	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) New York N.Y.

9. NAME Edward Winks

10. BIRTHPLACE (city or town) (State or country) England

12. MAIDEN NAME Christina

13. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Edward A. Shepherd 1919 Ramsey St

BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 5th 1936

UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936 to Feb. 2 1936

I last saw her alive on " " 19 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix	

Other contributory causes of importance:

Name of operation X-ray & Radium Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Mason Hundley M. D.

(Address) 622 Medical Arts Bldg.

F 20335

20335 HEALTH DEPARTMENT—CITY OF BALTIMORE

89-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 4th Ward) 4

Length of residence in city or town where death occurred 1/4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Franklin Stanley Parks

(a) Residence: No. 432 S. Gilmor St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Sept 17 35

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Raymond Parks.

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Rhine Callum

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

INFORMANT Raymond W. Parks

(Address) 432 S. Gilmor St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 5 1936

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed 1936 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 3 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/26 1936 to 2/3 1936

I last saw her alive on 2/3 1936 Death is said to have occurred on the date stated above, at 4 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of neck	1/26/36
acute nephritis	2/1/36
Other contributory causes of importance: Bilateral otitis media	?
Pneumonia anemia	?
	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Whitney M. D.

(Address) St Agnes Hosp

P 20336

0336 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 120

PLACE OF DEATH Mercy Hospital

Y OF BALTIMORE: (No. ..... St. 10-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Fred Gaetzler or Albert Wigfield Gaetzler

(a) Residence: No. 1004 Greenmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	single

married, widowed, or divorced

HUSBAND of

(or) WIFE of

TE OF BIRTH (month, day, year) Feb 16-1934

GE · Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
2	4	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md.

. NAME Fred Gaetzler

. BIRTHPLACE (city or town) (State or country) Maryland

. MAIDEN NAME Grace Kelly

. BIRTHPLACE (city or town) (State or country) Maryland

NFORMANT Mrs. Grace Gaetzler

(Address) 1004 Greenmount Ave.

URIAL, CREMATION, OR REMOVAL

Place Baltimore Date Feb. 5 . 1936

NDERTAKER John C. Miller

(Address) 2933-35 E. Oliver St

1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 . 1936 . to Feb 2 . 1936

I last saw h[illegible] alive on Feb. 2 . 1936. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Gastro - enteritis septicemia — Date of onset 1/31/36

Other contributory causes of importance: encephalitis ? ? — Date of onset ?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. B. Harrigan M. D.

(Address) Mercy Hospital.

20337 F 20337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 42-a

PLACE OF DEATH Smith Baltimore County Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7th Ward.

Length of residence in city or town where death occurred ....yrs. ....mos. 5 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

FULL NAME Joseph Edgar Manlove

(a) Residence: No. Cecilton, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel Clark Manlove

DATE OF BIRTH (month, day, year) Dec 9-1897

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	1	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cecil Co Md

13. NAME Howard Bryan Manlove

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Henrietta Howard

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Isabel C. Manlove
(Address) Cecilton, Md

BURIAL, CREMATION, OR REMOVAL
Place Cecilton Md Date Feb 5 1936

UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Hollins St

FILED 1936 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5. 1936

22. I HEREBY CERTIFY, That I attended deceased from January 31. 1936 to February 5 1936
Last saw h[illegible] alive on February 5. 1936 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocrocular drainage Mitral Stenosis decompensation	
Other contributory causes of importance: Bronchopneumonia	2/2/36

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wallace Dwyer M. D.
(Address) Smith Baltimore Co Hosp

F 20338

20338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10-1 Ward)

Length of residence in city or town where death occurred 1 year yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

FULL NAME John Ham

(a) Residence: No. 1321 E. Madison St., St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Ham

DATE OF BIRTH (month, day, year) 5-2-1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 007

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Trust Co

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) North Carolina

12. NAME William

13. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Nellie Hamilton

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date Feb 8 1936

19. UNDERTAKER Mrs Lottie Grove
(Address) 1403 Ashland ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-13 1936 to 2-3 1936

I last saw him alive on 2-3 1936 Death is said to have occurred on the date stated above, at 12.85 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute prostatitis	1 mo

Other contributory causes of importance:

pelvic abscess	4 days
Spinal anaesthesia	15 min

Was an operation performed? Yes Date of 2-3-36

For what disease or injury? pelvic abscess

Name of operation I + D abscess Date of 2-3-36

What test confirmed diagnosis? operation Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt J. Mountain M. D.

(Address) Balto City Hospt

F 20339

D-H 12659

F 20339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1936

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) Deaden arrival at West Baltimore Hospital

CITY OF BALTIMORE: (No. 2 St., 2717 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME James Henry Jordan

(a) Residence: No. 507 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Stewart Jordan

DATE OF BIRTH (month, day, year) March 6 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bridge Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Stephen A. Jordan

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME OF MOTHER Sarah Elizabeth Mitchell

16. BIRTHPLACE (city or town) (State or country) Maine

INFORMANT Sallie Stewart Jordan

(Address) 507 Druid Hill Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 6 1936

UNDERTAKER Wm. Jas. John H. Deupel & Son

(Address) 801 W. Fayette St.

FILED Feb 6 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 8.40 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocuted	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 3 1936

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Monroe St Bridge at Lanvale St

Manner of injury one overhead measuring tape came in contact with Broken line wire on bridge. Other end of tape

Nature of injury Electric Shock

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O Hare M. D.
Coroner

(Address) 1245 Hanover

20340 F 20340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V122-B

PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. BALTIMORE, MD. St., 10-7 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William E. Hammond Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 1320 Hillman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct 24. 1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Wm. E. Hammond Sr.

14. BIRTHPLACE (city or town) (State or country) Ohio.

15. MAIDEN NAME Mattie Pennewell

16. BIRTHPLACE (city or town) (State or country) Swan Hill Md.

17. INFORMANT Wm. E. Hammond Sr.

(Address) 1320 Hillman St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb 5, 1936

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

19 FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3. 1936

22. I HEREBY CERTIFY, That I attended deceased from January 12. 1936. to February 3. 1936.

I last saw him alive on February 3. 1936. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Polyp of small intestine (benign)	
2. Intussusception of small bowel	
3 gangrene of bowel	
Other contributory causes of importance:	

Was an operation performed? yes Date of 1-12-36

For what disease or injury? intussusception of bowel

Name of operation enterostomy Date of 1-12-36

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

20341

F 20341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 McCulloh St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Gabbs

(a) Residence: No. 918 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Gabbs

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charlotte Co Va

13. NAME Mast Nanny

14. BIRTHPLACE (city or town) (State or country) Charlotte Co Va

15. MAIDEN NAME Rhodes (unknown)

16. BIRTHPLACE (city or town) (State or country) Charlotte Co Va

INFORMANT Henry Gabbs

(Address) 918 McCulloh, St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/5 36 19

UNDERTAKER W M Jackson

(Address) 916 Dennison

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 2.am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

old age and general debility	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Hagner Coroner, M. D.

(Address) 125 Hanover

20342 — 20342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H-1 Ward)

Length of residence in city or town where death occurred 2 yrs. — mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

FULL NAME Miss Mollie Kennedy

(a) Residence: No. Texas Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

DATE OF BIRTH (month, day, year) 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	?	?	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
8. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) (State or country) Maryland.
10. NAME Phelps Kennedy
11. BIRTHPLACE (city or town) (State or country) Ireland
12. MAIDEN NAME Mary Tracy
13. BIRTHPLACE (city or town) (State or country) Ireland
14. INFORMANT Hospital admission card.
(Address)
15. BURIAL, CREMATION, OR REMOVAL Place St Joseph Tyson Md Date Feb 6 1936
16. UNDERTAKER Mary M Winfield
(Address) 501 E 22nd St
17. FILED Feb 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1936 to Feb 4 1936
I last saw h[illegible] alive on Feb 4 1936 Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (left lower lobe)	1-31 1936
Coma	
Other contributory causes of importance: Arteriosclerotic Cardiovascular disease ?	

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? X-Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin Knowles Jr. M. D.
(Address) Mercy Hospital

F 20343

20343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Gwynn Falls Pkwy Ward .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 38 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Max Henderson

(a) Residence: No 1729 Gwynn Falls Pkwy Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Henderson

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy man

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own business

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation 40 yrs

11. BIRTHPLACE (city or town) (State or country) Russia

12. NAME Louis Henderson

13. BIRTHPLACE (city or town) (State or country) Russia

14. MAIDEN NAME Bessie

15. BIRTHPLACE (city or town) (State or country) Russia

16. INFORMANT Dr. Liedel

(Address)

17. BURIAL, CREMATION, OR REMOVAL Laurel Rendale Date 2/6/36. 19

18. UNDERTAKER Jas J. Lewis Inc (Address) 1429 E. Baltimore St

19. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5-36. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan-4- 1936 to Feb-5- 1936

I last saw him alive on Feb-5- 1936 Death is said to have occurred on the date stated above, at 4.50 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency — Date of onset 1/4/36

Other contributory causes of importance: none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

F 20344 F 20344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 19 N. Montford Ave. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 28 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Landler

(a) Residence: No. 19 N. Montford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Joseph Freed

13. BIRTHPLACE (city or town) (State or country) Russia

14. MAIDEN NAME Dora ?

15. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Jack Levin Son

(Address) 1439 E. Baltimore St.

BURIAL, CREMATION, OR REMOVAL

Hebrew Herring Run Date 2/5/36

UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st . 1936 to Feb 4th . 1936

I last saw her alive on Feb. 4th 1936 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchio-pneumonia — Date of onset .....

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) M. Chudnoff M. D.

(Address) 2225 Reisterstown Rd

F 20345

F 20345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 7-4 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Bessie F. Smith If U. S. Veteran specify WAR .....

(a) Residence: No. 1019 N. Gay St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of John Smith

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs Anna Bloch

(Address) 1930 Bank St

BURIAL, CREMATION, OR REMOVAL

Beth Abolom Date 2/5/36 19

UNDERTAKER Jos. Louis Inc.

(Address) 1439 E. Baltimore St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Cirrhosis	

Other contributory causes of importance: Intestinal hemorrhage

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. W. Wright Coroner M. D.

(Address) 1010 S. Edmondson Ave

0-1936

F 20346

20346 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 17-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 768 Mulberry St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura E. Reed

(b) Residence: No. 768 Mulberry St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of Maurice Reed

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, cotton mill, bank, etc.: 0040

10. Date deceased last worked at occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

13. NATIONALITY: American

14. EDUCATION: (a) HIGHEST GRADE COMPLETED: Primary (b) GRADE IN WHICH LAST IN ATTENDANCE: 1 Gr

15. MAIDEN NAME: Newcastle

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Mrs. Katie R. Williams 322 N. Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL: Laurel Cemetery Date Feb. 6, 1936

19. UNDERTAKER (Address): Mrs Katie R Williams 322 N Edmondson Ave

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936 to Feb 2, 1936

I last saw her alive on Feb 1, 1936 Death is said to have occurred on the date stated above, at 9 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease Heart	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul O'Connor M. D.

(Address) 627 Edmondson Ave

Spec.—1-10-21—M&T—1500 Blks.

F 20347

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20347

CERTIFICATE OF DEATH.

V 108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1616 W. Mulberry ST. 19-1 WARD)

2-FULL NAME Connor L Willis

(a) RESIDENCE NO. 1616 W. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ella Willis

DATE OF BIRTH (month, day, and year) Dec 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60	2		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 0070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer May Co.

BIRTHPLACE (city or town) (State or country) Rappahannock Va.

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

Informant Val Q Mulberry Ex
(Address) 1616 W Mulberry St.

Filed ... 19 ... Registrar

1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2- 1936

17 I HEREBY CERTIFY, That I attended deceased from 1/10 .1936. to 2-2- .1936.
that I last saw h~~im~~alive on 2-2- .1936,
and that death occurred, on the date stated above, at 5 30 p m.

The CAUSE OF DEATH* was as follows:

Fatal pneumonia

(duration) yrs. ... mos 23 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. C. Jackson M. D.

2/4/36 (Address) 600 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Feb 5 1936

20 UNDERTAKER Mrs Kate R. Williams — ADDRESS 3224 Schroeder St

D. B 1268-9

F 20348

20348 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 15-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 1507 N. Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of James Brown

DATE OF BIRTH (month, day, year) April 25/98

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	37	9	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. homemgo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Raleigh (State or country) North Carolina

13. NAME John Allen

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Jackson

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT James Brown

(Address) 1507 N. Mount St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 6, 1936

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright M. D.

Coroner

(Address) 610 S. Ellwood Ave

F 20349

H. D. B 1268-9

20349 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 108

Registered No. 17-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Haspital St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Smith, Jr.

(a) Residence: No. 790 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 3, 1919

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Hattie Russel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Albertia Jonnson

(Address) 790 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date Feb 5, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St.

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Mellon M. D.

(Address) 2757 W. North Ave.

F 20350

20350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1714 Whatcoat St., 16-2 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carmen Zuena Greene If U. S. Veteran specify WAR .....

(a) Residence: No. 1714 Whatcoat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilson Zuena

6. DATE OF BIRTH (month, day, year) 1899.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME of father Samuel Richardson

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME of mother Minnie Hartigan

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Paul A. Greene

(Address) 1410 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 7 1936

19. UNDERTAKER J. A. Brooks

(Address) 1413 N. Carey St.

FEB 1936

..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/17/36 . 19 .. to 2/3/36 . 19 ..

I last saw h alive on 1/30/36 . Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis Uremia	1/17/36
Depression	

Other contributory causes of importance:

Heart weak

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Ellis M. D.

(Address) 624 Cathedral

F 20351

20351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

0897

95-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jesse Redd

(a) Residence: No. 933 Rutland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1089

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Jesse Redd

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Betty Terrt

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Farmville Va Date Feb 5 1936

UNDERTAKER U. A. Brooks

(Address) 1462 N. Carey St

FILED ..... 19..... Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1936, to Feb 1 1936

I last saw h im alive on Feb 1 1936 Death is said to have occurred on the date stated above, at 5:10 A m.

The principal cause of death and related causes of importance were as follows:

Hypostasis Heart Disease — Date of onset about Feb 1

Myocardial Failure

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Joseph T. Sadusk Jr. M. D.

(Address) Johns Hopkins Hospital

Vernell Byers F 20352

20352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 N. Wolfe St. 7-4 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Vernell Howard Byers

(a) Residence: No. 1013 N. Wolfe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year): February 18, 1912.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer (Welfare)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Govt.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME Arthur William Byers

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME Stella Proctor

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

INFORMANT: Arthur William Byers

(Address) 1013 N. Wolfe Street

BURIAL, CREMATION, OR REMOVAL: Feb. 5 1936

Place Asbury Cemetery

UNDERTAKER: Robert L. Young

(Address) 804 N. Caroline St.

FILED ... 1936 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 1936 to Feb. 2 1936

I last saw him alive on Feb. 2 1936. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/31/36

Other contributory causes of importance:

Empyema

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Calvin B. LeCompte M. D.

(Address) 1113 N Caroline St

20353

F 20353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2741 Bernard St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph O'Malvine

(a) Residence: No. 2741 Bernard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed.

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma C. O'Donohue

7. DATE OF BIRTH (month, day, year) Sept 27-1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	7 da 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineering

10. Date deceased last worked at this occupation (month and year) 0 Yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James O'Malvine

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Ivia O'Malvine

(Address) 2741 Bernard St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb 5, 1936

19. UNDERTAKER Wm J Tyrney & Sons

(Address) North & Pennsylvania Ave

Registrar

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3-, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 26-, 1935, to February 3-, 1936.

I last saw h~~im~~ alive on January 29-, 1936 Death is said to have occurred on the date stated above, at 1:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach and Intestines	4-1-35

Other contributory causes of importance

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Richard, M. D.

(Address) 2532 Edmondson Ave

F 20354

20354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 S. Robinson St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Conrad L Rau

(a) Residence: No. 342 S. Robinson St St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of the late AnnaRau

DATE OF BIRTH (month, day, year) Feb. 17 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	15 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Plumber 59

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Charles Rau (son)

(Address) 342 S. Robinson St

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb. 5 1936

UNDERTAKER Fitzpatrick & Fitzpatrick Inc

(Address) 403 N Fulton Ave

Filed 5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1935, to Feb 2, 1936

I last saw h[illegible] alive on Feb 2, 1936 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism — Date of onset

Other contributory causes of importance:

Arterio sclerosis and myocarditis

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jean Lemmick M. D.

(Address) 4206 Hopkins Road

2/5/36

F 20355

F 20355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 Asquith St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fredricka M Glendmeyer

(a) Residence: No. 104 Asquith St., 3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of (or) WIFE of single

DATE OF BIRTH (month, day, year) Feb. 16 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	15/16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Fredrick Glendmeyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fredricka Stahl

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Bertha C Glendmeyer (sister)
(Address) 104 Asquith St

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 5, 1936

UNDERTAKER Lilly & Sailer Inc.
(Address) 403 E Monument St

FILED 2-1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 19 36

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 19 35 to Feb 2 19 36

I last saw her alive on 2-1 19 36 Death is said to have occurred on the date stated above, at 2.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and anasarca	1 yr
Other contributory causes of importance: Pulmonary Edema	4 Days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

Signed Edward Stoork M. D.

(Address) 413 N Howard St

20356 F 20356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.
If U. S. Veteran specify WAR .....

2. FULL NAME ...

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ...

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME ...
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME ...
16. BIRTHPLACE (city or town) (State or country)

INFORMANT ...
(Address) ...

BURIAL, CREMATION, OR REMOVAL Place ... Date ... 19...

UNDERTAKER ...
(Address) ...

FILED ... 19...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ...

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1.	
2.	
3.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 20357

H. D. B 1268-9

F 20357 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 27-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Southern Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Eva Louise Bing

(a) Residence: No. 3309 Southern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George J. Bing

DATE OF BIRTH (month, day, year) Aug. 3, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster, Md.

13. NAME Louis Ditman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha Rosenberger

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. George J. Bing

(Address) 3309 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb. 6, 1936

19. UNDERTAKER Frederick Funeral Home

(Address) 7401 Belair Road

20. FILED Feb. 6, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave.

F 20358

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20358

CERTIFICATE OF DEATH

23

Registered No. 1-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 S. Patterson Prk Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? 43 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ludwika Cydylo

(a) Residence: No. 122 S. Patterson Prk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced ~~XXXXXXXXX~~ WIFE of Jacob Cydylo

DATE OF BIRTH (month, day, year) Nov, 17th/1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph Bigda

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Victoria ?

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Jacob Cydylo

(Address) 122 S. Patterson Prk Ave

BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date Feb, 8th 36

UNDERTAKER George A Weber

(Address) 705 E Lanvale st.

FILED [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb, 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1935 to Feb 4 1936

I last saw her alive on Feb 4 1936 Death is said to have occurred on the date stated above, at 3-P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Failure

Tuberculosis

Date of onset
?
?
1927

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo L. Kulacka M. D.

(Address) 126 S. Patterson Park Ave.

F 20359

20359. HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital 1-2 St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Kleszczynski

(a) Residence: No. 13 S. Hart St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Kleszczynski Dunk.

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa.
13. NAME Jacob Kruszewski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Rose Zakrzewska
16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Walter Kleszczynski
(Address) 13 S. Hart St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb. 6. 1936

UNDERTAKER J. F. W. Zazenski
(Address) 1920 Eastern Ave.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/8 1936, to 2/3 1936

I last saw her alive on 2/3 1936 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism — Date of onset 2/3
Vaginal Hysterectomy

Other contributory causes of importance:

Was an operation performed? Yes Date of .....
For what disease or injury? Uterine Bleeding
Name of operation Vaginal Hysterectomy Date of 1/15/36
What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Koffel M. D.
(Address) Sinai Hospital

H. D. B 1268-9

✓ F 20360

0360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 245 Mosher St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Kruse

If U. S. Veteran specify WAR .....

(a) Residence: No. 245 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

3. If married, widowed, or divorced HUSBAND of (or) WIFE of James N. Kruse

DATE OF BIRTH (month, day, year) Oct 19, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Mary J. Heath

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Lloyd M. Wollenberg
(Address) 245 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Loyola Cathedral Date Feb 6, 1936

19. UNDERTAKER Chas. Ward & Son
(Address) 26 S. Eutaw St.

20. FILED Feb 6 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronic myocarditis.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Nann, M. D.
Coroner

(Address) 121 Hanover

F 20361

2361 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 121

1. PLACE OF DEATH Maryland General Hospital Registered No.
CITY OF BALTIMORE: (No. St. 15-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.
2. FULL NAME William McCarthy If U. S. Veteran specify WAR
(a) Residence: No. 2110 Mt. Holly St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Atty at law
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6042
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.
13. NAME Thos. W. Carpenter
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Cora Stone
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Cora S. Carpenter
(Address) 2110 Mt. Holly St
18. BURIAL, CREMATION, OR REMOVAL Cremation
Place Ft. Lincoln Cem. Md Date Feb 7, 1936
19. UNDERTAKER John C. Mitchell & Sons
(Address) 420 Eutaw Place
FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1936 to Feb 4, 1936
I last saw him alive on Feb 4, 1936 Death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous appendicitis	
Generalized peritonitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Feb 3, 1936
For what disease or injury? Intestinal obstruction
Name of operation Release of adhesions Date of 2-3-36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John M. Reginald M. D.
(Address) Maryland General Hosp

or—12-9-25—A Co—200 Bks.

F 20362

20362

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-B

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 Gutman Av 9-8 St., Ward)

2-FULL NAME Elwood W. Sturman

(a) RESIDENCE NO. 607 Gutman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Evelyn Sturman

DATE OF BIRTH (month, day, and year) Oct. 21-1870

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	65	3	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) New Jersey

10 NAME OF FATHER Samuel Sturman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Pat Moore

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New Jersey

Informant Evelyn Sturman

(Address) 2717 Mathews St

Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1936.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis
Bronchial Asthma

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ....yrs. ....mos. ....ds.

(Signed) Paul Schreiber, M. D.
(Coroner)

, 19 (Address) 1919 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Date of Burial 2/6 1936

20 UNDERTAKER John A Horan ADDRESS 300 E. Lexington St.

F 20363

0363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Alphius Neander Besore

(a) Residence: No. 315 E. University Parkway City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6 5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waynesboro Pa

13. NAME Josiah Besore

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Sarah Vandraw

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT C E Besore

(Address) Waynesboro Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Green Hill Cemetery Date 2/7 1936

19. UNDERTAKER Walter G Grove

(Address) Waynesboro Pa

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1936 to Feb 5 1936

I last saw him alive on Feb 5 1936. Death is said to have occurred on the date stated above, at 1 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease.	(1)
Other contributory causes of importance: Coronary artery occlusion.	(2)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard W. Lott M. D.

(Address) Union Memorial Hosp.

20364 F 20364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 531 N. Robinson St. Ward 1)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Wm Peterson
(a) Residence: No. 531 N. Robinson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Peterson

DATE OF BIRTH (month, day, year) Dec 28 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Manufacturing
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1080

BIRTHPLACE (city or town) (State or country) Baltimore.

13. NAME Henry Peterson
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Elizabeth
16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Elizabeth Peterson
(Address) 531 N. Robinson St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Feb. 7 19 36

UNDERTAKER Philip Herring Sons
(Address) 2316 Greenmount Ave

Huntington Pikesville
Registrar.

FILED 2-5-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1936 to 2/4 1936
I last saw h. alive on 2-4 1936 Death is said to have occurred on the date stated above, at 10:17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1/6/29
Chronic Nephritis	2/6/31
Other contributory causes of importance:	
Myocardial Degeneration	2/3/36

Was an operation performed? no Date of
For what disease or injury? no
Name of operation no Date of no
What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury no
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Dan Miller M. D.
(Address) 1 W 1st Balto

20365 ✓ F 20365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 Rochester Place St., 1-2 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Armbruster

(a) Residence: No. 134 Rochester Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Armbruster

6. DATE OF BIRTH (month, day, year) April 12-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Fredrick Pike

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Amanda

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Charles Armbruster

(Address) 134 Rochester Place

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb. 6 19 36

19. UNDERTAKER Philip Herwig Sons

(Address) 2010 Orleans St.

20. FILED Feb. 6 19 36 Hunter for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 19 36

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 35 to Feb 3 19 36

I last saw h alive on Feb 3 19 36 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia

Chronic Cardiac Nephritis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation no Date of

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed G. Wm Ireland M. D.

Address 2556 E Balto

20366 ✓ F 20366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Delia Dila McCann

If U. S. Veteran specify WAR .....

(a) Residence: No. 22 E. Center St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Michael McCann

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Feb. 7, 1936

19. UNDERTAKER Edward W. Conklin
(Address) 524 S. Eager St.

FILED 2-1936 19 Huntington Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/9, 1936 to 2/4, 1936

I last saw her alive on 2/4, 1936 Death is said to have occurred on the date stated above, at 2:9 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Late.
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 20367

20367 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

89-2

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Sinai Hebrew Dom. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 2200 Ward .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Norman Norton

(a) Residence: No. 206 Churchill St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

DATE OF BIRTH (month, day, year) Sept. 5 - 1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Norman Norton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Rose Becker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Rose Norton
(Address) 206 Churchill St.

BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Feb. 6 1936

UNDERTAKER Elizabeth Dale Inc.
(Address) 115 E. Wed. St.

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1 1936 to February 3 1936

I last saw him alive on February 3 1936 Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral suppurative otitis media	?
Meningo-encephalitis (?)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) William Deutsch M. D.

(Address) Sinai Hebrew Hosp.

✓ F 20368

0368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. not known mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Thomas

(a) Residence: No. Not Known St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Gerry Thomas

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Harriet Green

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Feb 5 1936

19. UNDERTAKER
(Address)

20. FILED 1936 [illegible] Registrar

20758

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1936 to Feb. 2, 1936

I last saw him alive on Feb. 2, 1936 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardiac decompensation	

Other contributory causes of importance:

Lobar pneumonia, right upper lobe	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? no injury
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. B. Moulton, M. D.

(Address) .....

F 20369

0369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 22 Ward) 22-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 33 yrs. 1 mos. 2 da.

If U. S. Veteran specify WAR NONE

2. FULL NAME Harry Joseph Van Hoven

(a) Residence: No. 4668 Elsrode Av St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Quandt Van Hoven

DATE OF BIRTH (month, day, year) Jan 1-1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager, Patrol

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amusement Park

10. Date deceased last worked at this occupation (month and year) About Jan 1933

11. Total time (years) spent in this occupation 10 yrs.

BIRTHPLACE (city or town) (State or country) Sioux City Iowa

13. NAME Frederik Van Hoven ? ? ?

14. BIRTHPLACE (city or town) (State or country) Holland

15. MAIDEN NAME Catherine ? ? ?

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Helen Quandt Van Hoven wife

(Address) 827 Delaware Av Wilmington

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cemetery Date Feb 6, 36 19

UNDERTAKER Stewart & Company

(Address) 28 W Lexington St.

FILED Feb 6 1936 Director of Vital Statistics Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1936 to Feb 3 1936

that I last saw him alive on Feb 3 1936. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Broncho pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John N. Bernaby M. D.

(Address) Maryland General Hosp

H. D. B. 1268-9

F 20370

1370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 N. Poppleton St. St., 18-1 Ward)

Life

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BERNARD ADAM SMITH

(a) Residence: No. 217 N. Poppleton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Volkman Smith

DATE OF BIRTH (month, day, year) July 20.1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent Shoe Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) Jan. 1930

11. Total time (years) spent in this occupation 50yrs

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Jacob Henry Smith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Achenbach

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Minnie Smith (Wife)

(Address) 217 N. Poppleton St.

BURIAL, CREMATION, OR REMOVAL

Baltimore Cem. Date Feb. 5. 1936

HENRY SANDER & SONS. INC. Henry F. Sander

UNDERTAKER

(Address) Baltimore & Broadway.

FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 29. 1936 to Feb 4 19 36

I last saw h alive on Feb 4 19 36 Death is said to have occurred on the date stated above, at 5.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 29 '36
Pneumonia	Feb 4 '36

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Norwood M. D.

(Address) 939 W Fayette St

F 20371

M. D. B 1268-9

0371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers ave St., 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) (U.S. Church Home Hospital)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kate Smith

(a) Residence: No. 2211 Rogers ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 28, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Middleway W. Virginia

13. NAME Geo W. Smith — FATHER

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Trautmann — MOTHER

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers ave

18. BURIAL, CREMATION, OR REMOVAL Middleway Va Feb 6 36

Place Date

19. UNDERTAKER W M Cook & Son Inc

(Address) 1417 Pennsylvania Ave

20. FILED Feb 5 1936 Hamilton Maryland Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1936

22. I HEREBY CERTIFY, That I have charge of the remains of the above named, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2/1/36
Other contributory causes of importance: Fracture of femur	1/23/36
Chronic Nephritis	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accidental Date of injury Jan 23 1936

Where did injury occur? 2211 Rogers ave Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell out of bed and fractured

Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H H Engelbrecht M. D. Coroner

(Address) Coroner

11811 ✓

20372 HEALTH DEPARTMENT—CITY OF BALTIMORE 20372

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Shilling

(a) Residence: No. 1045 Ridgely St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) 2-15-1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Works

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Herman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Doell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 4 1936

19. UNDERTAKER Towell & Byrne Funeral Dirs

(Address) 1017 W Fayette St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1936 to 2-4 1936

I last saw him alive on 2-3 1936 Death is said to have occurred on the date stated above, at 12 30 a.m.

The principal cause of death and related causes of importance were as follows: Carcinoma of Prostate

Date of onset ?

Other contributory causes of importance: Uremia 3 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt J. Martin M. D.

(Address) Balto. City Hospt.

H. D. B 1268-9

F 20373

0373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 7-7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther L. Bryan

(a) Residence: No. 624 Colorado Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	divorced

6a. If married, ~~widowed~~, or divorced (HUSBAND) of (or) WIFE of Charles V. Bryan

7. DATE OF BIRTH (month, day, year) May 15 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	42	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George V McFadden

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Eleanor P. Cook

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

17. INFORMANT George V. McFadden Jr.

(Address) 1202 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Feb. 6 1936

19. UNDERTAKER Roland L. Feckley.

(Address) 612 N. Fremont St.

20. FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Front Ave.

✓ F 20374

20374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Savage St. 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Wolfe

(a) Residence: No. 631 Savage E St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Feb 5 36

AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Joseph Wolfe

14. BIRTHPLACE (city or town) (State or country): Ellwood Indiana

15. MAIDEN NAME: Helen Barr

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Helen Wolfe

(Address) 631 S. Savage St

18. BURIAL, CREMATION, OR REMOVAL

Place M.I. Carmel Date 2-5 1936

19. UNDERTAKER: Leo J. Cook

(Address) 1203 N. Patterson Park Ave

FILED 1936 Registrar

NH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 5, 36

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1936 to Feb 5, 1936

I last saw h[illegible] alive on Feb 5, 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) William J. Ryan M. D.

(Address) 801 Ellwood Ave

20375 F 20375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 27-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Bogert

(a) Residence: No. 6213 Marietta Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman B.

6. DATE OF BIRTH (month, day, year) March 27 1864

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71 70	11 10	23 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Lewis Wood

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balt. County Date 3/7/36

19. UNDERTAKER Leonard J. Buck
(Address) 5305 Harford Rd

FILED 3-6-1936 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur	
Other contributory causes of importance: Bronchopneumonia	2-1-36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Feb 4 , 1936

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fell on floor

Nature of injury Fract left femur

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify .....

(Signed) H. B. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

20376
M. D. B 1268-9

F 20376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 N. Patterson St., 8-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Carolyn P. Hopkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1125 N. Patterson St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 10 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Lloyd Hopkins

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Helen Yaetman

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lloyd Hopkins
(Address) 2125 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date Feb. 2 1936

19. UNDERTAKER George W. Zirkler
(Address) 227 E. Eager St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) February 1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure	

Other contributory causes of importance:
Bronchio-pneumonia

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 9 E. North Ave.

F 20377

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20377

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Baltimore - 1308 Linden ave

CITY OF BALTIMORE: (No. 1308 Linden ave St., 11th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Albert Smith

(a) Residence: No. 1308 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced (or) WIFE of A Crawford Smith

DATE OF BIRTH (month, day, year) Jan 19 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Dora Mayer Albert

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Dora Mayer Albert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md Md

INFORMANT Marshall A Smith

(Address) Hyde, Md.

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Interment Date Feb 6, 1936

UNDERTAKER Howell Lukens

(Address) Edmondale Md

FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 36, 19

22. I HEREBY CERTIFY, That I attended deceased from April, 1934 to Feb 3, 1936

I last saw h[illegible] alive on 2/3/36, 19.. Death is said to have occurred on the date stated above, at 12 midnite

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/3/36
Other contributory causes of importance: Hypertension Arterio-sclerosis	Gradual

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W H Goody, M. D.

(Address) 140 E Baltimore

F 20378

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20378

CERTIFICATE OF DEATH

~108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4322 Glenmore Ave St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Schuster

(a) Residence: No. 4322 Glenmore ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fredericka Schuster

7. DATE OF BIRTH (month, day, year) Jan 22 - 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69		1312	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williamsport Pa.

13. NAME Martin Schuster

14. BIRTHPLACE (city or town) (State or country) /

15. MAIDEN NAME /

16. BIRTHPLACE (city or town) (State or country) /

17. INFORMANT Fredericka Schuster

(Address) 4322 Glenmore ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Febr 7 1936

19. UNDERTAKER Elizabeth Burke Inc.

(Address) 115 E. West St.

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-36. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 31. 1936. to Feb. 4. 1936

I last saw him alive on Feb 4. 1936 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Donella M. D.

(Address) 817 Park Ave

F 20379 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20379

CERTIFICATE OF DEATH

23

Registered No. 7-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 W. Elderry St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Jane Moore

If U. S. Veteran specify WAR No

(a) Residence: No. 1602 W. Elderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 4. 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamesville N.C.

13. NAME Cerry Moore

14. BIRTHPLACE (city or town) (State or country) Jamesville N.C.

15. MAIDEN NAME Dola Bostow

16. BIRTHPLACE (city or town) (State or country) Jamesville N.C.

17. INFORMANT Dola Moore

(Address) 1602 W. Elderry

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/6/36 19

19. UNDERTAKER Robert E. Williams

(Address) 1515 W. Elderry at Huntington Ave

FILED Registrar

FEB 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1936 to Feb. 4, 1936

I last saw h-- alive on Feb. 4, 1936 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Miliary Tuberculosis

Duration ?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys. Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. L. Berry, M. D.

(Address) 1420 G. Chase

F 20380 F 20380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2931 Dillon St., 1-1 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stanley Gieron

(a) Residence: No. 2931 Dillwin. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 27" 29

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year).
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

13. NAME George Gieron

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Sophia [redacted]

16. BIRTHPLACE (city or town) (State or country) Balto md.

INFORMANT George Gieron
(Address) 2931 Dillwin st.

BURIAL, CREMATION, OR REMOVAL Date Feb. 6" 1936

Undertaker Stephen J. Fialkowski
(Address) 1002 S. Penwood ave

FILED Date ..... Registrar .....

DC - 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4" 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1936 to Feb 4 1936

I last saw him alive on Feb 3 1936 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular	Unk
Other contributory causes of importance: Acute Myocarditis	2/3/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. B. Titlow M. D.

(Address) 315 S. Highland Ave

M. D. B 1268-9

F 20381

F 20381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 41 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Petrowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 8045 S. Ann St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anastazya

6b. DATE OF BIRTH (month, day, year) Unknown

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna Napalit

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Theodore Petrowski

(Address) 432 S. Collington Ave.

18. BURIAL, CREMATION OR REMOVAL

Place Holy Rosary Date Feb. 7 1936

19. UNDERTAKER Tilly & Zielenske

(Address) 403 S. Broadway

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: acute dilatation (cardiac)	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. [illegible] Wright Coroner, M. D.

(Address) 1100 S. Ellwood Ave.

20382 20382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4809 Calumet Ave St., 56-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city nr town where death occurred 40 yrs. mos. ds. How long in U. S. If nf foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Graddinger

If U. S. Veteran specify WAR .....

(a) Residence: No. 4809 Calumet Ave St., 27 Ward. 12

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Graddinger

DATE OF BIRTH (month, day, year) Nov 8 1866

6. AGE Years	Months	Days	If LESS than 1 day, hrs. nr min.
69	2	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph Dolan (son in law)

(Address) 4809 Calumet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 7. 19[illegible]

19. UNDERTAKER Lilly E Zeiler & Son

(Address) 403 So Wolfe st

20. FILED 19[illegible] Registrar

C-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 36

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1936 to Feb 4 1936

I last saw h[illegible] alive on Feb 4 1936 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes nf importance were as follows:

	Date of onset
1 Bronchial Pneumonia	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard Greenfield, M. D.

(Address) 540 Belair Rd.

20383

F 20383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 London Ave St. 70-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Mack Pritzker

(a) Residence: No. 148 London Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Russ Pritzker

6. DATE OF BIRTH (month, day, year) Nov 22, 1901

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
34	2	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conf. Store Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Russ Pritzker

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Herring Run Date 2/6/36 19

19. UNDERTAKER Jak Levin Inc.
(Address) 1-3 & 5 E. Baltk St.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1935 to Feb 5, 1936

I last saw h alive on Feb 4, 1936 Death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs
Laryngeal Tuberculosis	1½ yrs.
Intestinal Tuberculosis	6 mo.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lawrence Di Serra M. D.
(Address) 104 W. Madison St

M. D. B 1268-9

20384

F 20384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH Leverdale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged Ward 27-17

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Mrs Ethel Flescher

(a) Residence: No. Belvedere & Greenspring Aves Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Poland

12. NAME Not Known

13. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Simmons Funeral Home

(Address) Belvedere & Greenspring Aves

18. BURIAL, CREMATION, OR REMOVAL Hebrew Orphan Date 2/6/ 1936

19. UNDERTAKER Jos. Lewis Inc.

(Address) 1434 E. Baltimore St.

20. FILED Feb 7 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/9, 1930, to 2/5, 1936

I last saw her alive on 2/5, 1936 Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia Hypertension Arteriosclerosis	2/3/36

Other contributory causes of importance:

Chronic Bronchitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edmund Levin M. D.

(Address) Leverdale

20385 HEALTH DEPARTMENT—CITY OF BALTIMORE 20385

CERTIFICATE OF DEATH V 53-C

1. PLACE OF DEATH Union Memorial Hospital St., 1st Ward
CITY OF BALTIMORE: (No.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Wilton Streeter, Jr.
(a) Residence: No. 3440 Roland Ave St., Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 15 1930

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5.	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.
13. NAME Wilton Streeter Jr.
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Ruth R. Shanck.
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Wilton Streeter Sr.
(Address) 3440 Roland ave.
18. BURIAL, CREMATION, OR REMOVAL Mary Rest Cem. Date Feb. 8th, 1936
19. UNDERTAKER Hafer Davis
(Address) 3716 Chestnut Ave

FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5-1936
22. I HEREBY CERTIFY, That I attended deceased from 1-20-36 to 2-5-36
I last saw him alive on 2-5-1936 Death is said to have occurred on the date stated above, at 11 30 a.m.
The principal cause of death and related causes of importance were as follows: Brain Tumor Date of onset Aug. 1935
Other contributory causes of importance: None
Was an operation performed? Yes Date of 2-5-36
For what disease or injury? Brain Tumor
Name of operation Craniotomy Date of 2-5-36
What test confirmed diagnosis? Operation Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) H. Leslie Fleming M. D.
(Address) Union Memorial Hosp.

F 20386

A.D.H. 1068

20386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 76-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Demarey

(a) Residence: No. 1117 E. Clinton St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) February 2, 1936

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or min.
—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md. Md.

FATHER

13. NAME Robert Demarey

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME Ethel Fomenty

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Robert Demarey

(Address) 1117 E. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Carmel Feb 6 1936

19. UNDERTAKER Jos. J. Stein & Son

(Address) 3001 Eutaw Place

20. FILED ..... 19.. .....

Registrar.

D-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance: Atelectasis of both lungs

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenken, M. D. Coroner

(Address) 1919 E. North Ave.

F 20387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 708 N. Kenwood Ave St., 8-3 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Jefferson If U. S. Veteran specify WAR .....

(a) Residence: No. 1201 N. Ellwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 5 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bureau of Fire Dept.

10. Date deceased last worked at this occupation (month and year) Dec 35

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME George L. Jefferson

14. BIRTHPLACE (city or town) Balto
(State or country) Md.

MOTHER

15. MAIDEN NAME Sophie Meyer

16. BIRTHPLACE (city or town) Harford County
(State or country) Md.

17. INFORMANT Mrs Sophie Jefferson
(Address) 1201 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cem. Feb. 6. 1936
Place Date 19

HENRY SANDER & SONS, INC.

19. UNDERTAKER
(Address) Baltimore & Broadway.

20. FILED Feb 7 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of brain	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Feb. 3 . 1936

Where did injury occur? 708 N. Kenwood Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Brother's home

Manner of injury Pistol shot - self inflicted

Nature of injury Bullet Wound Brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schenther, M. D.
Coroner

(Address) 1418 E. North Ave.

M. D. B 1268-a

20388

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 20388

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3145 S. Eden St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Wojciechowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 3145 S. Eden St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Feb 9 1935

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Frank Wojciechowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Pauline Just

16. BIRTHPLACE (city or town) (State or country) New York City N. Y.

17. INFORMANT Mrs. Pauline Wojciechowski

(Address) 3145 S. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 6, 1935

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave.

FILED Feb 6 1935 Hunter Registrar.

FEB 6 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquisition find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 3

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. Winder M. D.

Coroner

(Address) 910 S. Eden St

F 20389

(289) 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 180

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 725 W. Fairmount Ave St., 4-2 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Hinton

(a) Residence: No. 725 W. Fairmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) No. not Known 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tallahassee (State or country) Fla.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Fla. (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Fla. (State or country)

17. INFORMANT Rosie Harris

(Address) 725 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 2-6 19 30

19. UNDERTAKER Jno. A. Manis & K. Sh

(Address) 1218 Pennsylvania Ave

Registrar

26. FILED ..... 19 .....

C-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1930

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia By Smoke	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb. 4, 1930

Where did injury occur? 725 W. Fairmount Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fire in Dwelling, 725 W. Fairmount Ave.

Nature of injury Asphyxia by smoke

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. K. O'Delia M. D.

(Address) 2757 W. North Ave

Spec.—8-16-29—L. F. S.—100 Bks.

F 20390

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20390

CERTIFICATE OF DEATH

✓ 23

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3133 Leeds ST., 20-6 WARD)

2—FULL NAME McCorthorne Moore (Moore)

(a) RESIDENCE NO. 3133 Leeds ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) May 13, 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Bainbridge, Georgia

10 NAME OF FATHER William Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bainbridge Georgia

12 MAIDEN NAME OF MOTHER Bertha Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Camilla Georgia

Informant Bertha Moore

(Address) 3133 Leeds St.

Filed Feb 6 - 1936, 19 Huntington & Howard, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3, 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936, to Feb 3, 1936, that I last saw him alive on Feb 2, 1936 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Douglas Shepperd, M. D.

2/5, 1936 (Address) 1063 Mt Hollie ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Feb 10, 1936

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 322 N. Schroeder St.

F 20391

F 20391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hoopt St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nettie Johnson

(a) Residence: No. 950 Harlem Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edmond Johnson

DATE OF BIRTH (month, day, year) 12-7-1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation? ...

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Jerry Lee

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Willie Tinn

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records

(Address) ...

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/8/36 19

UNDERTAKER Harman & Wright

(Address) 1003 Cathedral St.

FILED ... Registrar

D-1555

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1936 to 3 5 1936

I last saw her alive on 2 4 1936 Death is said to have occurred on the date stated above, at 1535 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenoid of Uterus	?
Other contributory causes of importance: Paralytic Ileus	1 wk.
Bronchopneumonia, Left Lo	3 days

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robt. J. Mantiny M. D.

(Address) Balto City Hoopt

F 20392 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20392

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Rosedale St. St., 16-L Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary D. Sorrell

(a) Residence: No. 717 Rosedale St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry A. Sorrell

DATE OF BIRTH (month, day, year) March 1, 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N. Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Milton Sorrell
(Address) 717 Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb. 7 1936

19. UNDERTAKER Martin Fahey Towne
(Address) 1823 W. Fayette Ave.

FEB 6 - 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1935 to 2-4-1936

I last saw her alive on 2-4-1936 Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/1/36
Other contributory causes of importance: Myocarditis, Arteriosclerosis	15 yrs? 10 " ?

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Not accident. Date of Injury ... 19...

Where did injury occur? (Give city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Amerith Farrell M. D.

(Address) 3705 Liberty Hgts Ave.

M. D. B. 1268-9

F 20393

HEALTH DEPARTMENT—CITY OF BALTIMORE

20393

CERTIFICATE OF DEATH

94-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Garrison Blvd. St., 15-8 Ward)

50

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SYLVAN NEWMAN,

(a) Residence: No. 3005 Garrison Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Aline Newman

6. DATE OF BIRTH (month, day, year) Nov. 17th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erie Pa.

13. NAME OF FATHER Julius Newman,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Elen Bondheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Fox

(Address) 3005 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Date Feb 7, 1936

19. UNDERTAKER Dan Goldheim & Son

(Address) 1902 Eutaw Place,

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1936 to Feb 5 1936

I last saw him alive on Feb 5 1936 Death is said to have occurred on the date stated above, at 10 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 4
	Feb 5

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Krowp, M. D.

(Address) 1733 Linden av

F 20394 ✓ F 20394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Hecht

(a) Residence: No. Aged Home, Sinai Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 3rd 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	11	2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Herman Hecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Simon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT E. Hecht

(Address) Mayer de Grace Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date Feb 9 1936

19. UNDERTAKER Kurtzenhaeuser & Son

(Address) 1402 Eutaw Place

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1936, to Feb 6, 1936

I last saw h/m alive on Feb 6, 1936. Death is said to have occurred on the date stated above, at 2:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	2-3-36
Hypertensive Heart Disease	1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bernard Lichman, M. D.

(Address) Sinai Hospital

T 20395 ✓ T 20395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

Registered No. .....

1. PLACE OF DEATH Sinai Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 26 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Katie Taormina

(a) Residence: No. Stillwater Cove. Essex Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Taormina

6. DATE OF BIRTH (month, day, year): 2

7. AGE: Years 44 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER
13. NAME: Carmello Marsiglia
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): John Taormina Essex Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 2/8/ 1936

19. UNDERTAKER (Address): John F. Connelly Essex, Md.

20. FILED 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1936, to Feb. 4 1936

I last saw her alive on Feb 4 1936. Death is said to have occurred on the date stated above, at 9 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Glomerulo Nephritis	
Arteriosclerosis	
Cardiac Dilatation & Hypertrophy	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) David J. Brody, M. D.

(Address) Sinai Hosp.

20396 ✓ F 20396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 27-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Samuel Fulton

(a) Residence: No. 629 Deepdene Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Agness B. Cator Fulton

DATE OF BIRTH (month, day, year) Nov. 26, 1889.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Procurement Division 0026

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Treasury Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Maryland

13. NAME John S. Fulton

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Nancy Ellen White

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Agness B. Fulton

(Address) 629 Deepdene Road

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date Feb. 6, 1936

19. UNDERTAKER Frank A. Curtis

(Address) 4101 Edmondson Ave.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1936, to 2-4, 1936

I last saw him alive on 2-4, 1936. Death is said to have occurred on the date stated above, at 9:50 m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 1-31-36

Other contributory causes of importance:

[redacted]

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. Scott Fair, M. D.

(Address) University Hospital

F 20397

F 20397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. .....

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL, BALTIMORE, MD. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-1 Ward)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary J. Glover

(a) Residence: No. 800 W. Lemmon St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward T. Glover

7. DATE OF BIRTH (month, day, year) August 11, 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Basil Sunderland

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary E. Manscheck

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Lillian Will

(Address) 5608 Benton Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Feb 7th 1936

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St

20. FILED Feb 8 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1936, to February 7, 1936

I last saw her alive on February 7, 1936. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Peptic ulcer	
2. Cholecystitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-14-36

For what disease or injury? Peptic ulcer

Name of operation Cholecystectomy Date of 1-14-36

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

20398 F 20398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL 76-4

CITY OF BALTIMORE: (No. BALTIMORE MD. St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Della Rusk

(a) Residence: No. 3522 E. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Rusk

6b. DATE OF BIRTH (month, day, year): Sept 19 1867

7. AGE: Years 68 | Months 4 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Archibald S. Fiser

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Elizabeth Grant

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Charles Rusk

(Address) 3522 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Cem. Date Feb 8 1936

19. UNDERTAKER: E. Miller & Son

(Address) 2337 Jefferson St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 5. 1936

22. I HEREBY CERTIFY, That I attended deceased from January 27 1936 to February 5 1936

I last saw her alive on February 5 1936 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of pancreas	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-1-36

For what disease or injury? Ca of pancreas

Name of operation Exploratory Lap Date of 2-1-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. W. Wagneller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 20399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 20399

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1630 N Gilmor St. 151 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Myrtle Davenport.

(a) Residence: No. 1630 Gilmor St., ... Ward. Roanoke Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 1- 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Keysville Va
13. NAME: Anderson Davenport
14. BIRTHPLACE (city or town) (State or country): Virginia
15. MAIDEN NAME: Fannie Corbet
16. BIRTHPLACE (city or town) (State or country): Virginia
17. INFORMANT (Address): Arthur Davenport 1630 Gilmor
18. BURIAL, CREMATION, OR REMOVAL
Place: Keysville Va Date: Feb 8 1936
19. UNDERTAKER (Address): V. A. Brooks 1463 N. Carey St
20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5 1936

22. I HEREBY CERTIFY, That I attended deceased from February 3 1936 to February 5 1936
I last saw h.. alive on February 5 1936. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningitis (Cerebro)	Feb 3. 36
	about

Other contributory causes of importance:
None

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation None Physical Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. H. Wright M. D.
(Address) 1209 Presidential

20400 F 20400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#115-99

Registered No. 117-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Moore

(a) Residence: No. 629 N. Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie

6. DATE OF BIRTH (month, day, year) 12-25-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Different places

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Moore

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eliza Richardson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address) 629 N Paca St Sallie Moore

18. BURIAL, CREMATION, OR REMOVAL
Place Thornclyffe Date feb 9 1936

19. UNDERTAKER Adolphus Ashton
(Address) 9 E Baltimore St.

20. FILED 12 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-8-36 to 2-5 1936

I last saw him alive on 2-5 1936 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mon-Malignant (Peptic) Ulcer of Stomach	1yr
Other contributory causes of importance: Post operative Intra Peritoneal Hemorrhage ?	

Was an operation performed? yes Date of 1-23-36

For what disease or injury? Ulcer of Stomach

Name of operation Gastric Resection Date of 1-23-36

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt J Martin M. D.

(Address) Balto City Hosp.

M. D. R. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

20491

CERTIFICATE OF DEATH

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5008 Liberty Heights Ave Ward 8-1

Length of residence in city or town where death occurred 51 yrs. 9 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice D. Lewin

(a) Residence: No. 5008 Liberty Heights Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Herbert Lewin

6. DATE OF BIRTH (month, day, year): April 10 1884

7. AGE: Years 51 | Months 9 | Days 18 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: William H Hook

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Susan Hadden

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs Ethel Hook

(Address) 5008 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Feb 7 1936

19. UNDERTAKER: Joseph Lefer

(Address) 1100 W. North Ave

20. FILED ____ 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1932 to Jan 30 1936

I last saw h alive on Jan 30 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirhosis Liver	Jan 30 1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm L Lowe M. D.

(Address) 5211 Cedar Place

20402 ✓ F 20402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. V 211 Biddison Lane St. 27-1 Ward)

Length of residence in city or town where death occurred 86 yrs. 10 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susie E Wilkison

(a) Residence: No. V 211 Biddison Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams L. S. Wilkison

6. DATE OF BIRTH (month, day, year) April 2 1849

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
86	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William W. Dorsett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Jane Burgess Hooper

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ida S Ripley

(Address) V 211 Biddison Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Feb 8 1936

19. UNDERTAKER Chas. J. Black & Wife

(Address) 742 W. Fayette St

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 1924, 19.... to Feb 5 1936

I last saw h.. alive on Jan 30 1936 Death is said to have occurred on the date stated above, at 3-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	about 12 yrs
Other contributory causes of importance: Abdominal neoplasm type undetermined	about 6 m

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St

20403 ✓ F 20403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Jenkins Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 16 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary R. Allenbaugh

(a) Residence: No. 1531 Ellamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13 1851

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50 yrs.	7	23 d	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed Private

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation. Over 5 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Wm J. Allenbaugh

14. BIRTHPLACE (city or town) Balto
(State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Keyser

16. BIRTHPLACE (city or town) Balto
(State or country) Md.

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Feb 5 1936

19. UNDERTAKER Chas. H. Black
(Address) [illegible]

20. FILED Feb 7 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/29 1935 to 2/5 1936

I last saw her alive on 2/5/36 1936 Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the breast (rt)	1932
Metastatic carcinoma of the lung	1935
Other contributory causes of importance: Cachexia	?

Name of operation Radical amputation of breast Date of 1932

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Williamson M. D.

(Address) H. Agnew Hosp.

20404 F 20404

20404 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 9-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1643-Aisquith Street St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME GEORGE KEMPF

(a) Residence: No. 1643-Aisquith Street St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia A. (Schmitt)

6. DATE OF BIRTH (month, day, year) 3/15/1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	20	XXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern & Restaurant Prop.r

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Kempf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Amelia A. Kempf

(Address) 1643-Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/7/36, 19

19. UNDERTAKER George Roath, Inc.

(Address) 1735-Harford Ave.

20. FILED 2 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1936

I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Feb 4 1936

I last saw h alive on Feb 6 1936 Death is said to have occurred on the date stated above, at 620 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Pulmonary Tuberculosis from history →	1931
Other contributory causes of importance: Cirrhosis of Liver	1930

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? X Ray & Sputum Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William R. Geraghty M. D.

(Address) 10 E. Baltimore St

M. D. P. 1268-9

20405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. F 20405

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1542 Light St. St., 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie E. Bomhoff.

(a) Residence: No. ~~1542 Light St.~~ (Usual place of abode) 1418 Talbot st. St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Bomhoff.

6. DATE OF BIRTH (month, day, year) Dec. 13/1850.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Berigtold.

14. BIRTHPLACE (city or town) (State or country) Germy.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT Thersa C. Stickler.

(Address) 1542 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 7th, 1936

19. UNDERTAKER C. Schlosnack & Son

(Address) 1839 Hanover st

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1936 to Feb 4th, 1936

I last saw h... alive on Feb 4, 1936 Death is said to have occurred on the date stated above, at 7.45 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Chr. Nephritis & Mitral Insufficiency

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) John A. Schlosnack M. D.

(Address) 1337 S. Charles St

Spec. 6-9-19—H. P. Co.—1000 Bks.

20406 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20406

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Convent - Md Ave & 23rd St. REGISTERED NO. 127

CITY OF BALTIMORE: (No. 2226 Maryland ave ST.) WARD 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (Sr. Mary Winifred) Jane McLoughlin

(a) RESIDENCE. No. Md Ave & 23rd - 2226 Maryland Ave ST., WARD. Glasgow Scotland

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a If married, widowed, or divorced BUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 21 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	—	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nun

(b) General nature of industry, business, or establishment in which employed (or employer) Convent

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Glasgow Scotland

PARENTS

10 NAME OF FATHER Henry McLoughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Donaghy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Convent Record (Address)

15 Filed . 19 Registrar

6-1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 5 1936

17 I HEREBY CERTIFY, That I attended deceased from December 10, 1935, to Feb 5, 1936, that I last saw h er alive on Feb 4, 1936, and that death occurred, on the date stated above, at 11:15 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Probably in Ireland.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. J. Roberts, M. D.

. 19 (Address) 1117 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Elizabeth Home Ellerslie ave

DATE OF BURIAL Feb 7 1936

20 UNDERTAKER Henry McPerkins & Co

ADDRESS McCulloh & Orchard Sts

20407 ✓ F 20407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Beech Ave. St., 13-6 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rebecca S. Catton

(a) Residence: No. 3312 Beech Ave., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Stephen W. Catton

6. DATE OF BIRTH (month, day, year) Jan. 14, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	0	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired House-wife 607

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md.

MOTHER FATHER

13. NAME Richard Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliza Howard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sadie Sims
(Address) 3312 Beech Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 7, 1936

19. UNDERTAKER John F. Davey
(Address) 245 Light St.

[illegible] Registrar

1936 447

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1936 to Feb. 4, 1936

I last saw her alive on Feb. 3, 1936 Death is said to have occurred on the date stated above, at 9.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (apoplexy)	Jan. 31, 1936

Other contributory causes of importance:

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - - Date of - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Feibel M. D.

(Address) 1224-1226 Hanover St.

20408

✓ F 20408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify WAR No War Record

2. FULL NAME Lena Aro

(a) Residence: No. 5205 Craig ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles David Aro.

6. DATE OF BIRTH (month, day, year) 8-24-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Cole

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 8th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/28 1933 to 2/4 1936

I last saw her alive on 2/4 1936 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert L. Reitz M. D.

(Address) Balto City Hosp

M. D. B 1268-9

20409 F 20409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4414 Wrenwood Ave St., 27-10 Ward)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Maude Jones

(a) Residence: No. 4414 Wrenwood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	~~White~~	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of David J. Jones

6. DATE OF BIRTH (month, day, year) Nov 16th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Feb 4th 1936

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Johnstown Pa

FATHER

13. NAME Thomas Jordan

14. BIRTHPLACE (city or town) (State or country) Johnstown Pa.

MOTHER

15. MAIDEN NAME Mary Graham

16. BIRTHPLACE (city or town) (State or country) Johnstown Pa

17. INFORMANT David J. Jones

(Address) 4414 Wrenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Feb 8th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and (from the evidence obtained by ~~me~~ Inquiry (Inquest, Autopsy or Inquiry)) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Paul Wheeler M. D. Coroner

(Address) 19192 Hertz Ave.

F 20410

20410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Maryland General Hosp

CITY OF BALTIMORE: (No. ..... St., 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Louis A Wright

(a) Residence: No. 2211 Rogers Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Wright

6. DATE OF BIRTH (month, day, and year): March 19, 1862

7. AGE: Years 73 | Months 10 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

MOTHER FATHER

13. NAME: Samuel Wright

14. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

15. MAIDEN NAME: Lyonnah Mills

16. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

17. INFORMANT (Address): Ella Grady 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date 2/8/36

19. UNDERTAKER (Address): J. Wm. Cox 1214 Pennsylvania Ave

20. FILED 6 1936 (Signature and title of local registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936 to Feb 6, 1936

I last saw him alive on Feb 6, 1936 Death is said to have occurred on the date stated above, at 6 ... m.

The principal cause of death and related causes of importance were as follows:

Primary pulmonic tuberculosis — Date of onset: ...

Other contributory causes of importance: Chronic myocarditis & Nephritis

Was an operation performed? No Date of? Feb 2, 1936

For what disease or injury? Primary pulmonic tuberculosis

Name of operation? Thoracic Postage Cautery Date of? 2-3-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) John W Barnaby M. D.

(Address) Maryland General Hosp

M. D. B. No. F 20411 Margaret E. Callanan ✓ F 20411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 Gwynn Ave St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Margaret E. Callanan

(a) Residence: No. 433 Gwynn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 14th. 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.,

FATHER

13. NAME Thomas J. Callanan

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penn

MOTHER

15. MAIDEN NAME Winefred Wagner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.,

17. INFORMANT Thomas J. Callanan
(Address) 433 Gwynn Ave,

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 7th 1936

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 4th-36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Two days

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos. J. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave,

M. D. F 20412 ✓ F 20412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. ____

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 15-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles N. Walker

(a) Residence: No. 3303 Piedmont ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thersa Walker

6. DATE OF BIRTH (month, day, year) Apr. 2, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pay Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME James Walker

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Isabella Lillie

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Helen B. Walker
(Address) 529 E. 85th. St. N.Y. City

18. BURIAL, CREMATION, OR REMOVAL Cemetery
Place Woodlawn New York City Date Feb 8th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 9 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) [signature] M. D.

(Address) 2757 N. Monday Ave.

F 20413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20413

157-D

Registered No. 15-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city nr town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Donald Joseph Hauf

(a) Residence: No. 2511 W North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. nr ..... min.
	1	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Hauf

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Edna Miller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edna Hauf
(Address) 2511 W North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 6 1936

19. UNDERTAKER Powell & Byrnes Inc
(Address) 1017 W Cross St

20. FILED Feb 6 1936 Registrar

F 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1936, to Feb 5, 1936

I last saw him alive on Feb 5, 1936. Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric stenosis	Birth
Malnutrition	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Francis G. Lockey M. D.

(Address) University Hospital

F 20414

F 20414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28-1 Ward)

Length of residence in city or town where death occurred 20 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie J. Marriott

(a) Residence: No. Pikesville Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

No War Service

Pikesville MD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 3. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Charles Marriott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Langley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mt. Hope Records

(Address) Mt Hope Retreat, City

18. BURIAL, CREMATION, OR REMOVAL

Place St Charles, Pikesville Date Feb 6 19 36

19. UNDERTAKER Stewart & Mooney Company

(Address) 108 W. North Avenue

20. FILED FEB 7 - 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5 1935 to Feb. 5 1936

I last saw her alive on Feb. 5 1936 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion & Emaciation	
Other contributory causes of importance: Manic depressive psychosis depressed type	11 Mos.
Chronic sinusitis	3 Yrs.

Name of operation none Date of

What test confirmed diagnosis findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dameon P. Alagia M. D.

(Address) 3326 Fredrick Ave.

F 20415

20415 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Jones

(a) Residence: No. 1428 Mosher St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Jones

6. DATE OF BIRTH (month, day, year) Jan 1, 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25 ~~24~~		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Harry Jones

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anna Smith

16. BIRTHPLACE (city or town) (State or country) Va. Va.

17. INFORMANT Harry Jones

(Address) 1428 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 2/8 1936

19. UNDERTAKER Thomas C. Gibson

(Address) 1303 Presstman St

20. FILED FEB 7 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.4 1936

22. I HEREBY CERTIFY, That I attended deceased from 1.31 1936, to 2.4 1936

I last saw him alive on 2.4 1936. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1.28.36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. H. Jackson M. D.

(Address) 600 N. Arlington Ave

✓ F 20416

20416 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 W. Lanvale St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katie Gambrill

(a) Residence: No. 1232 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gambrill

6. DATE OF BIRTH (month, day, year) 12/23/86

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook Private

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Turner

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rebecca Harris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dorothy Gambrill

(Address) 1232 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/8 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St.

20. FILED 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Feb 3, 1936

Last saw h[illegible] alive on Feb. 3, 1936. Death is said to have occurred on the date stated above, at 5-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation & Acute Dilatation	Jan 1
Other contributory causes of importance: Hypertension & Mitral Regurgitation.	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Maclean Steginis M. D.

(Address) 2243 Madison Ave

20417

F 20417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 W. Preston St., 11-4 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Madden

(a) Residence: No. 322 W. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ora Madden

6. DATE OF BIRTH (month, day, year) June 1907

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	28	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

13. NAME Hazel Madden

14. BIRTHPLACE (city or town) (State or country) Md.

FATHER

15. MAIDEN NAME Grace Madden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary Madden

(Address) 624 W. Preston.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/8 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said found that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above. 10:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Tuberculosis Pulmonis	
(b)	
(c)	
(d)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, M. D.
Coroner

(Address) 125 Hanover St

21418 ✓ F 20418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bethesda City Hosp St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Hall

(a) Residence: No. 101 Plum Alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Hall

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick factory, Md.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

13. NAME George Hall

FATHER

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md.

MOTHER

15. MAIDEN NAME Annie Burrus

16. BIRTHPLACE (city or town) (State or country) Snow Hill Md.

17. INFORMANT Ida Hunter (Sister)

(Address) 1310 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2 7 19 7-

19. UNDERTAKER Fred A Jackson

(Address) 1210 Pennsylvania Ave

20. FILED 2 1926 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 19 26

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 1010 S. Lemmon Ave

F 20419 ✓ F 20419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Parksley St. St. 20-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Delanty

(a) Residence: No. 415 Parksley St, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella May Delanty

6. DATE OF BIRTH (month, day, year) May 7th 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME William H. Delanty

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER

15. MAIDEN NAME Mary E. Saunders

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ella May Delanty

(Address) 3015 Frederick Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 8 . 1933

19. UNDERTAKER Joffe & B. M. Walter

(Address) W. F. or Pratt & Stricker St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5ht 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

find that said deceased came Inquiry to his death on the day stated above, at 7.30 A.M. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Chronic Myocarditis	Sudden
	1933

Other contributory causes of importance: Chrinic Nephritis

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify Thos. H. Phillips

(Signed) 1039 Edmondson Ave, Coroner, M. D.

(Address)

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 20420 ✓ F 20420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 70-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Barbara E. Barber

(a) Residence: No. 1913 Lemon St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Barber

6. DATE OF BIRTH (month, day, year) Aug 16th 18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6[illegible]	5	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Yaeger.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Schwartz

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Augusta Hess (niece)
(Address) 266 S. Bruce St.

18. BURIAL, CREMATION, OR REMOVAL St Augustine's Ridgely Md Date Feb 8 1936

19. UNDERTAKER Pott & B.M. Walters
(Address) N.E. cor Pratt & Stricker St

20. FILED ... Registrar

2-7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1936 to Feb. 5 1936

I last saw h[illegible] alive on Feb 4 1936 Death is said to have occurred on the date stated above, at 6[illegible]0 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia bilateral (probably tuberculous)	1-21 1936
Other contributory causes of importance: Hypertension Cardiovascular disease ?	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis X Ray Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Edwin Turnbull M. D.

(Address) Mercy Hospital

Cor.—12-9-35—A Co.—200 Bka.

20421

HEALTH DEPARTMENT—CITY OF BALTIMORE F 20421

CERTIFICATE OF DEATH.

107-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1203 N. Decker St., 8-3 Ward)

2-FULL NAME Kenneth A. Olesen

(a) RESIDENCE NO. 1203 N. Decker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 12-1935

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Anton Olesen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Denmark

12 MAIDEN NAME OF MOTHER Gudrun Hansen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Denmark

14 Informant Anton Olesen

(Address) 1203 N. Decker St.

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1936

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Primary)

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Paul Schreiber M. D.

(Coroner)

19 (Address) 1919 E. Ruth Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the state ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem.

Date of Burial Feb 8 1936.

20 UNDERTAKER Mrs. C. Muller & Son

ADDRESS 2234 E. Monument St.

M. D. B 1268-9

20422

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20422

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mable C. Bowers

If U. S. Veteran specify WAR

(a) Residence: No. 1946 West Pratt St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Bowers

6. DATE OF BIRTH (month, day, year) Feb. 5th 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew H. Wilson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Hodges

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Vernon A. Bowers

(Address) 1929 West Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 7th 36

19. UNDERTAKER George L. Schwat

(Address) 2101 Frederick Ave.

FEB 7 1936

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th 36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above, 11.40,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree burns	Nov. 7-35
Legs and abdomen	

Other contributory causes of importance:

Broncho-Pneumonia Jan. 27th 36

Was an operation performed? Yes Date of 1-27-36

For what disease or injury? Burns

Name of operation Skingraft Date of 1-27 1936.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov. 7th 19 1935

Where did injury occur? 1946 Pratt St, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At her home

Manner of injury Clothing caught fire While lighting oil stove.

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Phillips, M. D. Caroner

(Address) 1939 Edmondson Ave.,

OCCUPATION is very important. See instructions on back of certificate.

F 20423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20423

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Madison Ave St., Madison Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos., ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Redding

(a) Residence: No. 1020 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 8 8 9

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Shop

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charlotte Brown

(Address) 817 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Coburn Cem. Date 2-7- 1936

19. UNDERTAKER Lyra Geo. H. Holland

(Address) 1651 Druid Hill Ave.

Remains for Interment

Registrar

FILED 2-7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/36

22. I HEREBY CERTIFY, That I attended deceased from 1/26/36 19.. to 2/4/36 19.. I last saw him alive on 2/3/36 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Acute nephritis	9 da
Contributory	
Other contributory causes of importance: Pneumonia due to hypostatic congestion	Duration 2 da

Was an operation performed? No

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Probably the was a painter

(Signed) H. Ewell Ellis M. D.

(Address) 624 Madison Ave

F 20424

F 20424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. 8-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 N Washington St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 3 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Katherine Lower

(a) Residence: No. 1832 N Washington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Louis Lower

6. DATE OF BIRTH (month, day, year): May 3 - 1864

7. AGE: Years 71 | Months 9 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HW.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Abraham Ackenback
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: Geo Henry Lutz
(Address) 1203 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Feb 8 1936

19. UNDERTAKER: Henry Lutz
(Address) 1203 N Broadway Baltimore Md.

FILED ... 19 ... Registrar.

B 7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/6/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 . 1936 to Feby 6 . 1936

I last saw h alive on July 5 . 1936 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset ...

Other contributory causes of importance:

Was an operation performed? No — Date of ...

For what disease or injury? No

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wade W White M. D.

(Address) 2800 N Charles

F 20425

F 20425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

"H" "23

1. PLACE OF DEATH Baltimore City Hospitals "H" Registered No.

CITY OF BALTIMORE: (No.) St. 22 Ward 2 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth 28 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Yonika

(a) Residence: No. 223 S. Green St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 10, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Prison

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Matthew Yonika

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 8 1936

19. UNDERTAKER Jos. Grotticelli & Sons
(Address) 423 S. Paca St.

20. FILED Feb 7 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1935 to Feb. 4, 1936

I last saw him alive on Feb. 4, 1936 Death is said to have occurred on the date stated above, at 4 29 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kaufman, M. D.

(Address) Balto. City Hosp.

F 20426

F 20426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. So Balto Gen Hosp St., 24-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Stoekl.
(a) Residence: No. 1456 William St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Stoekl.

6. DATE OF BIRTH (month, day, year) March 13, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungaria

FATHER
13. NAME Joseph Stoekl.
14. BIRTHPLACE (city or town) (State or country) Hungaria

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co Date 2/10/36 19

19. UNDERTAKER John J Baker Sons
(Address) 731 E Eighth St Baltimore Md

20. FILED ..... 19 ..... Registrar.

No. 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1936 to Feb 7 1936
I last saw h.. alive on Feb 7 1936 Death is said to have occurred on the date stated above, at 8:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Uremia secondary to acute Chronic Nephritis.	
2. Rt. Lower lobe pneumonia	

Other contributory causes of importance:
High Blood Pressure

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) M. Alonso M. D.
(Address) So Balto Gen Hosp

M. D. H. 1268-9

20427

HEALTH DEPARTMENT—CITY OF BALTIMORE

20427

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2040 Druid Hill Ave St., 14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Born Left ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Turner

(a) Residence: No 2040 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Turner

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as mill, bank, store, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Turner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harriet Turner
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn County Date 2/7 1926

19. UNDERTAKER Undertaker's Name
(Address) Undertaker's Address

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5 1926

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1926 to Feb 5 1926

I last saw h... alive on Feb 5 1926 Death is said to have occurred on the date stated above, at 845 m. P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Toxemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H Grompstein M. D.

(Address) 501 W Hamburg St

OCCUPATION is very important. See instructions on back of certificate.

LDT - 1-16

F 20428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20428

108

Registered No. 1553

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore City Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ann Harrison

(a) Residence No. 1519 Church St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 3-6-1911

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	24	10 11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labeling Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Agnes Roechford

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross Date 2/8 19 36

19. UNDERTAKER Wm Cook

(Address) 1217 Druid Hill Ave

23. FILED FEB 7 1936 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1 1936 to 2/4 1936.

I last saw her alive on 2/4 1936. Death is said to have occurred on the date stated above, at 10 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operatinn ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

F 20429

F 20429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2211 Rogers av Chas. E. Home Hospital St., 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Kate Miller

(a) Residence: No. 2211 Rogers av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 29, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Henry Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Wilde

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ella Cuddy
(Address) 2211 Rogers ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/8, 1936

19. UNDERTAKER Jr Cook Pond St
(Address) 1214 E Pond St

20. FILED 2-7-1936, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1936

22. I HEREBY CERTIFY, That I last saw the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2/2/36
Other contributory causes of importance:	
Arteriosclerosis	?
Fractured left hip	1/16/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 1/16, 1936

Specify whether injury occurred in industry, in home, or in public place Home

Where did injury occur? 2211 Rogers av Balto Md
(Specify city or town, county, and State)

Manner of injury Fell off Commode

Nature of injury Fractured Hip.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ellis Richardson M. D.
Coroner

(Address) Aaron

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 Dr Settle 2435 Md. Ave Hunt 6440

F 20430

F 20430 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 E 25th St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Susan Rose Ridgely

(a) Residence: No. 326 E. 25th St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Joshua Ridgely

6. DATE OF BIRTH (month, day, year): Sept 20th 1858

7. AGE: Years 77 | Months 4 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Luther O. Mercer

14. BIRTHPLACE (city or town) (State or country): Howard Co Md

MOTHER

15. MAIDEN NAME: Hester Ann Burdess

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Joshua Ridgely 326 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL: Pikesville Date 2/7 36

19. UNDERTAKER (Address): Wm Cook 1317 E Pratt St

20. FILED 7-1936 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 5th . 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec.~~ 1925 to Feb. 5 1936

I last saw h~~er~~ alive on Feb 5 1936 Death is said to have occurred on the date stated above, 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/7/14 1925
Other contributory causes of importance: Bronchial pneumonia	

Name of operation: none Date of

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Settle M. D.

(Address) 2435 W. Md. Ave.

M. D. B 1268-9

F 20431

F 20431 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 W 27 St St. 12-6 Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edith C. Groh

(a) Residence: No. 106 W 27 St St., ... Ward.
(Usual place of abode) 13 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Groh

6. DATE OF BIRTH (month, day, year) July 1, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date decreased last worked at this occupation (month and year) 2/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME ? Cassidy

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Lucy Taylor

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Mrs. J. Groh

(Address) 106 W 27 St

18. BURIAL, CREMATION, OR REMOVAL

Place Northwood Phila Date 2/28/36

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

Funeral Director & Embalmer

20. FILED ... 19 ... Registrar

FEB 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central pneumothorax Asphyxia	2/4/36
Other contributory causes of importance: Hypertension	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Didusheimer M. D.
Coroner

(Address) Coroner.

OCCUPATION is very important. See instructions on back of certificate.

F 20432

F 20432

302082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR .....

2. FULL NAME Samuel Apple

(a) Residence: No. 6 N. Fulton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-18-14

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. News Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Maurice Apple

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Offenbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ohel Shalom Date 2-7- 1936

19. UNDERTAKER Jack Levin Inc.
(Address) 1439 S. Balto St.

20. FILED 19 Registrar

B7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1935, to Feb 6, 1936

I last saw him alive on Feb 6, 1936. Death is said to have occurred on the date stated above, at 12³⁰ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis Bilateral	6 years
Other contributory causes of importance: secondary anemia	1 year

Was an operation performed? Thoracoplasty Date of 1-25-36

For what disease or injury? Thoracoplasty Date of 1-25-36

Name of operation

What test confirmed diagnosis? X-rays Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred W Gaib M. D.

(Address) Johns Hopkins Hospital

F 20433

F 20433 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1720 N. Eutaw St. 15-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Sarah Cantor
(a) Residence: No. 1720 N. Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Isidore M. Cantor
6. DATE OF BIRTH (month, day, year)
7. AGE: Years 54; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Gerald Garick
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Isidore M. Cantor
(Address) 1720 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL: Date 2-9-36
Place: Henry Run

19. UNDERTAKER: Jack Levine Sons
(Address) 1439 E. Baltimore St.

Registrar

FILED 2-7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1933 to 2/6, 1936
I last saw h. er alive on 2/6, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:
(a) Chronic Myocarditis — Date of onset ...
Hypertension — ...
Arteriosclerosis — ...
(b) Chronic Nephritis — ...

Other contributory causes of importance: ...

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) D. W. Crawford, M. D.
(Address) 1720 Eutaw Pl.

M. D. B. 1268-9

20434

HEALTH DEPARTMENT—CITY OF BALTIMORE 20434

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 E. 28th St., 9-6 Ward)

Registered No. 15V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frankie Meyer

(a) Residence: No. 1910 E 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Teresa Rachel Meyer

6. DATE OF BIRTH (month, day, year) Nov. 25, 1880

7. AGE	Years	Months	Days 11	If LESS than 1 day, hrs. or min.
	55	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0.6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture house

10. Date deceased last worked at this occupation (month and year) 1/29/36

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Charles Christopher Meyer

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Emma Middleton

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.

17. INFORMANT Teresa Meyer

(Address) 1910 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/11/36 19

19. UNDERTAKER Frederick A Cole

(Address) 1200 N Fulton Ave

20. FILED — 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-29-, 1936, to 2-6-, 1936

I last saw h alive on 2-5-, 1936 Death is said to have occurred on the date stated above, at 11 05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas.	1/29/36
Other contributory causes of importance:	unk

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm B. Bylent M. D.

(Address) 2802 Harford

F 20435 F 20435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ V 46-C

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 17-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 1 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ocie Waring

(a) Residence: No. 608 Kingston Rd., Stoneleigh, 17th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Robert C Waring

6. DATE OF BIRTH (month, day, year) June 6 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worcester Co Md

FATHER

13. NAME James Tull

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Maggie Riggin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert C. Waring

(Address) 608 Kingston Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb. 10. 1926

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED Feb 8 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 1926

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1925 to Feb. 6 1926

I last saw h C C alive on Feb 6 1926 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid colon	Sept 1925

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 9 1925

For what disease or injury? Ca of Sigmoid

Name of operation Exploratory laparotomy Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Colin MacLean M. D.

(Address) Union Mem Hosp.

F 20436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20436

CERTIFICATE OF DEATH

✓107-a

Registered No. 24-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 E Cross St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mildred A Somers

(a) Residence: No. 217 E Cross St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc — —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc — —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Boral L Somers

14. BIRTHPLACE (city or town) (State or country) Crisfield Md

MOTHER

15. MAIDEN NAME Mildred A Stewart

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT (Address) Mrs Boral L Somers 217 E Cross st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 8. 1936

19. UNDERTAKER (Address) John F. Henny 716 Light St

20. FILED ..... Registrar

BT-1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 1936 to Feb. 5 1936

I last saw her ALIVE on Feb. 5 1936 Death is said to have occurred on the date stated above, at 10 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia ~~and Convulsions~~	1/30/36
Other contributory causes of importance: Convulsions	2/5/36

Was an operation performed? None Date of —

For what disease or injury?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

2/5/36 (Signed) H. C. Campbell M. D.
(Address) 1644 Hanover St

F 20437

30887

F 20437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Cume

If U. S. Veteran specify WAR .....

(a) Residence: No. 2922 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 3/7/38

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	97	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Patrick Cume

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Nary

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 7. 1936

19. UNDERTAKER John F. Heaney
(Address) 715 Eighth St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1936 to Feb 5 1936

I last saw him alive on Feb 5 1936 Death is said to have occurred on the date stated above, at 4 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Benign Prostatic Hypertrophy	1921
Acute Pulmonary Edema	1 day

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 5

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Transurethral resection Date of Feb 5

What test confirmed diagnosis? Cystoscopy Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard W Jones M. D.

(Address) Johns Hopkins Hospital

M. 20438 F 20438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 W. Hamburg St., 21 Ward 21)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Moylan

(a) Residence: No. 1102 W Hamburg St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~

6. DATE OF BIRTH (month, day, year) July 7th 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 279

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Patrick Moylan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Catherine Moylan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Catherine M. Norris

(Address) 1102 W. Hamburg Street

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place New Cathedral Date 2/10/ 1936

19. UNDERTAKER John J. Conway & Son

(Address) 1901 Bellona Ave.

20. FILED ... 19... Registrar.

FEB 7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to ... 19...

I last saw h... alive on Feb 6-1936 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-6-36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos. H. Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave

M. D. P. 1268-9

F 20439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20439

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 880 W. Fayette St. SH 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Mallonee

(a) Residence: No. 880 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of WIFE of Agnes Mallonee

6. DATE OF BIRTH (month, day, year) June 22-1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Mallonee

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Luttle

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Sadie Ludwig

(Address) 1271 Sargeant St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 2/10/1936.

19. UNDERTAKER John J Lowery & Son

(Address) 901 Fulton St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-4-36, 19... to 2-6-36, 19...

I last saw h.im alive on 2-4-36, 19... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	?
Other contributory causes of importance:	
Pulmonary Edema	1/31/36

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopay? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Leonard E Beach, M. D.

(Address) 2229 St Paul St.

Spec—9-30—A. & Co.—250 Bks.

F 20440

F 20440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-B

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1740 E 30th St. ST. 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Urban

(a) RESIDENCE NO. 1740 E 30th St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lebrades Urban

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Mrs Geo. Pitsch

(Address) 1740 E. 30th St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/36

17 I HEREBY CERTIFY, That I attended deceased from 7/21, 1932, to 2/3, 1936

that I last saw him alive on 2/3, 1936

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Osteo-arthritis right hip

Probably tuberculous

Abscess of thigh (right)

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) Joseph E Bresnahan M. D.

19 (Address) 32 S Stricker St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery

DATE OF BURIAL 2/8 1936

20 UNDERTAKER Chas B Buchanan

ADDRESS 637 S Paca St

FEB 7 1936

Form 110-4 is very important. See instructions on back of certificate.

20447 7
3035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20441

CERTIFICATE OF DEATH

x V 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred - yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Upshur H Hyde If U. S. Veteran specify WAR ,

(a) Residence: No. 1 Buchanan St., Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lelie

6. DATE OF BIRTH (month, day, year) 3-26-67

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Hyde

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Charlotte Haythe

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Buchanan Va Date 2/10/36, 19

19. UNDERTAKER Geo. W. Rife & Son

(Address) 1235 W. Baltimore St.

20. FILED , 19 , Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7. , 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1935 to Feb 7, 1936

I last saw h. him alive on Feb 7, 1936 Death is said to have occurred on the date stated above, at 12 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-6-36

Other contributory causes of importance:

Generalized arteriosclerosis	1921
Hypertension	1921

Was an operation performed? Yes. Date of

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Punch Op. Date of

What test confirmed diagnosis? Cl-Sk Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wesley J. Ketz. M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1369-2

F 20442

F 20442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. Harbor St. 3-2 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Tobias Seasons

(a) Residence: No. 1015 Watson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Seasons

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F. H. & Bell Co

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown S.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Cassie Williams

(Address) 1015 Watson St

18. BURIAL, CREMATION, OR REMOVAL

Place Georgetown S.C. Date 2-7- 1936

19. UNDERTAKER Byron & Mamie W. Wright

(Address) 1810 Eutaw St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? C. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/4, 1936

Where did injury occur? Pier 5 Pratt St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto. Md

Manner of injury Fell into Harbor

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Corin B. Wallace Coroner, M. D.

(Address) 1031 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F 20443

20443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Wilson

(a) Residence: No. 238 Dallas St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of: Margaret

6. DATE OF BIRTH (month, day, year): 8-20-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: NP

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Luke

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Ellen ?

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U of Md School Date Feb 7 . 1936

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/3 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/27 . 1934 to 2/3 . 1936
I last saw him alive on 2/3 . 1936 Death is said to have occurred on the date stated above, at 3:00 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1 Hr.

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz . M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

2078

F 20444

F 20444 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46-62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Anderson

(a) Residence: No. 1006 Mosher St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-25-52

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Deceased

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Deceased

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Feb 7 1936

19. UNDERTAKER

(Address)

20. FILED [illegible] Registrar

2079

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/26, 1935 to 2/4, 1936

I last saw him alive on 2/4, 1936 Death is said to have occurred on the date stated above, at 5:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Other contributory causes of importance: Carcinoma of the esophagus	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury In

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 20445

20445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-J-938024

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Randall

(a) Residence: No. 1115 Race St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Olivia Randall

6. DATE OF BIRTH (month, day, year) 5-20-67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Isabella Stanmore

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dulls Cem. Md. Date Feb 7 1936

19. UNDERTAKER
(Address)

20. FILED Feb 8 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/1936

22. I HEREBY CERTIFY, That I attended deceased from 8/23/1935 to 2/3/1936

I last saw him alive on 2/3/1936 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6 mos
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

2080

AACo. 5-H 250R

F 20446

F 20446 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

√159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Druid Hill Ave. Ward) H-2

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unnamed Baby Mercer

(a) Residence: No. 1611 D. H. ave. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 5 1936

7. AGE	Years	Months	Days	If LESS than 1 day 16 hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — NO
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — NO
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Mercer
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Gertrude Mercer
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Gertrude Mercer
(Address) 1611 D. H. ave

18. BURIAL, CREMATION, OR REMOVAL
Place Universal, Md. Date Feb 7 . 19 36

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED . 19 Registrar

2082

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5th . 1936 . to Feb 6th . 1936
I last saw h[illegible] alive on Feb. 6th . 1936 death is said to have occurred on the date stated above, at 7.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Labor	7 mo
Infected Fetus	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 20447

F 20447 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 82-a

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Of Amer. Hospital St., 4-1 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Joseph Kuntz

(a) Residence: No. Mobile Alab. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
About 54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (087)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Feb 7 1936
Place Mobile Ala. Date ____ 19__

19. UNDERTAKER Mary M. Waldrop
(Address) 1501 E. 22nd Ave

20. FILED ____ 19__ Registrar

B 7 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____

(Signed) T. R. Adkins M. D.

(Address) 2757 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

F 20448

M. D. B 1268-9

20448 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH City Hospitals — Registered No. —
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ernest H Walters

(a) Residence: No. 1418 N Chester St St., ... Ward. 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth L Walters

6. DATE OF BIRTH (month, day, year) Jan 20-1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20		17. 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Estimated Sea food

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Walters

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Jessie McKinnon

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Elizabeth L. Walters
(Address) 1418 N Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 10. 193

19. UNDERTAKER George W. Zinkler
(Address) 1737 E Monument

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6/36 . 19

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation no Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/6 . 1936

Where did injury occur? Philadelphia & North Pond St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Intersection

Cause of injury between 2 trucks Jno

Nature of injury Jno already

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hubert Knabel & Hutz Coroner . M. D.

(Address) 907 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

Will not complete for 4 or 5 days

M. D. B. 1268-9

F 20449

20449 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

162

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Allendale St. St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archibald Gracie

(a) Residence: No. 620 Allendale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Gracie

6. DATE OF BIRTH (month, day, year) May 8, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 1262

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Starkey & Co

10. Date deceased last worked at this occupation (month and year) June 1922

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Archibald Gracie

14. BIRTHPLACE (city or town) (State or country) Glascow Scotland

MOTHER

15. MAIDEN NAME Janet Walkingshaw

16. BIRTHPLACE (city or town) (State or country) Glascow Scotland

17. INFORMANT Mr. Thomas Gracie
(Address) 620 Allendale St.

18. BURIAL, CREMATION, OR REMOVAL Place Frostburg, Md. Date Feb. 9th 1936

19. UNDERTAKER Alex H. Cook
(Address) 1003 W. Baltimore St.

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1936 to Feb 6 1936

I last saw him alive on Feb 6 1936 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows: Senility — Date of onset

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. K. Mackel M. D.

(Address) 101 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1268-9

F 20450

F 20450 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4402 (St.) Fremont Ave (Ward) 10

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A Coleman

(a) Residence: No. 4402 St. Fremont Ave Ward. 10

(Usual place of abode)

No War Record

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isabella Coleman

6. DATE OF BIRTH (month, day, year): Jan 13 1857

7. AGE: Years 89 | Months 0 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: James A Coleman

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Elizabeth Tilly

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mrs Leo A Coleman 4402 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL: Pl Baltimore Date 2/8/36

19. UNDERTAKER (Address): The Cook 1219 Eutaw St

20. Date received: 2-7-1936 Registrar: Huntington Davis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936 to Feb 6, 1936

I last saw him alive on Feb 6, 1936. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal	
Vascular disease	15 yr

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W Wheaton, M. D.

(Address) 1303 N Pat

OCCUPATION is very important. See instructions on back of certificate.

20451 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 20451

CERTIFICATE OF DEATH

82-2

1. PLACE OF DEATH McGuire's Hall. Registered No. .....

CITY OF BALTIMORE: (No. Hull & Beason Sts. St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ------ mos. ------ da. How long in U. S. if of foreign birth? 32 yrs. ------ mos. ------ da.

2. FULL NAME Susanna Hubich.

(a) Residence: No. 1446 Haubert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Peter Hubich.

6. DATE OF BIRTH (month, day, year) March 12, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	10	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary.

FATHER

13. NAME Peter Wannherz.

14. BIRTHPLACE (city or town) (State or country) Hungary.

MOTHER

15. MAIDEN NAME Susan Ward.

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Peter Hubich. (husband)

(Address) 1446 Haubert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Feb 5 19 36

19. UNDERTAKER Chas L Stevens

(Address) 1501, E. Fort Ave.,

20. FILED Feb 7 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1936 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ... to ..... , 19 ....

I last saw h... alive on ..... , 19 .... Death is said to have occurred on the date stated above, at 8.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Otto Reinhardt, M. D.
Coroner

2/6/36 (Address) 1017 E. Charles St.

F 20452

20452 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John McDermott

(a) Residence: No. 703 Greenmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-3-70

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
65	9 10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Decorating Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Baltimore Co.

FATHER

13. NAME William McDermitt

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Baker

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Joseph's Cem. Date Feb. 10, 1936

19. UNDERTAKER Texas Pa. G. H. Gantt & Robt. Dreyer
(Address) 177 N. Howard St.

20. FILED Feb 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/30, 1936 to 2/6, 1936

I last saw him alive on 2/6, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

20453

HEALTH DEPARTMENT—CITY OF BALTIMORE

20453

CERTIFICATE OF DEATH

8-417 8-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 E. Hoffman Street St., 8 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas P. Clancy

(a) Residence: No. 2328 E Hoffman Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7th, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	6	29 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk 1009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Supply

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County

FATHER

13. NAME James Clancy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine O'Malley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. James Hart (Sister)
(Address) 1426 E. Oliver Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Feb. 8th, 1936

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave.

20. FILED 2-7-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 . 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas).	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Feb. 5 1936.
Where did injury occur 2328 E. Hoffman St. - Balto., Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home -
Manner of injury Gas leaked from gas hose -
Nature of injury on heating stove

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Paul Schreiber, M. D. Coroner
(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

20454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20454

180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 3-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas M. Ford

(a) Residence: No. 1415 Eastern Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John T. Ford

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Rosa Mile

16. BIRTHPLACE (city or town) Balt. (State or country) Md.

17. INFORMANT Mrs. Katie Ruppricht

(Address) 1514 Rutland

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date 2/8 19 36

19. UNDERTAKER Howard N. Bliss & Co.

(Address) 118 W. Fayette St.

20. FILED ... 19 ... Registrar.

2-1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inspected Body or Inquiry) thereon and from the evidence obtained by said inquest (Inspection, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Burns	
2 Shock	
3	
4	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 5, 19 36

Where did injury occur? Balt Md.

Specify whether injury occurred in industry, in home, or in public place (Specify city or town, county, and State) home (Birmingham Manor Burns & explosion

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) 1010 U.S. ... Coroner

F 20453 ✓ F 20455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #17015

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Berkmeyer (Berkemeier)

If U. S. Veteran specify WAR

(a) Residence: No. 2918 Rosalie Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs. Eliz. Berkemeier

Lena

6. DATE OF BIRTH (month, day, year) Decerber 23, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date 2.8.36. 19

19. UNDERTAKER Leonard Mucks
(Address) 3405 Harford Rd.

20. FILED FEB 8 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5. 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/31. 1936 to 2/5. 1936

I last saw him alive on 2/5. 1936. Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1wk.
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 20456

F 20456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6-5 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Hill

(a) Residence: No. 221 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 6-6-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer out

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eliza Moses

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 2-8 . 1936

19. UNDERTAKER Byron Marie K. Knight
(Address) 2180 N. Caery St.

20. FILED ..... 19 ..... Registrar.

2-8-1936 at 1 P.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/26 . 1935 to 2/2 . 1936

I last saw him alive on 2/2 1936 Death is said to have occurred on the date stated above, at 3 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Calcification of Aorta	>
Hypertension	-
Pneumonia	
etiology undetermined.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 20457

F 20457 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 E. 25th St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Warren T. Hatheway

(a) Residence: No. 304 E. 25th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rose Hatheway

6. DATE OF BIRTH (month, day, year) Mar. 18 - 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albion Hatheway

14. BIRTHPLACE (city or town) (State or country) /

MOTHER

15. MAIDEN NAME Annie Easley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Annie Doyle

(Address) 304 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 10. 1936

19. UNDERTAKER Elizabeth Harle Inc.

(Address) 115 E. West St.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.6. 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18. 36 19... to Feb. 2. 1936

I last saw him alive on Feb. 2 1936 Death is said to have occurred on the date stated above, at 9.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	3 years

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) V. B. Fowler M. D.

(Address) 1432 Madison St.

M. D. B 1268-9

F 20458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bairdent Hospital 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche L. Langley

If U. S. Veteran specify WAR

(a) Residence: No. 1525 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 23 1905

7. AGE: Years 30 | Months April | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md

FATHER

13. NAME: William Langley

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Carrie Sampson

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Carrie Langley

(Address) (1525 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 2-8-, 1936

19. UNDERTAKER: Jno Geo H. Holland

(Address) 1781 Edmondson Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 5, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest did find that said deceased came to death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric and Duodenal Hemorrhage (Accidental)	Feb 5 1936

Other contributory causes of importance: (Swallowed Sodium Fluoride)

Was an operation performed? none Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 5, 1936

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Medicine swallowed by mistake

Manner of injury Swallowing Sodium Fluoride

Nature of injury Ruptured gastric ulcer + Duodenal

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Colton Gorter M. D.

(Address) 501 Bergen St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

8 - 1936

F 20459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 37 Gorman Avenue St., 20-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME VERENA E. CLOSE

(a) Residence: No. 37 Gorman Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) June 29, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William H. Close

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Iantha Clark

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT William H. Close
(Address) 37 Gorman Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 10, 1936

19. UNDERTAKER Chas. F. Grayston
(Address) 118 W. Mt. Royal Ave

20. FILED , 19 Registrar

B 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5- , 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1- , 1936 to Feb 5- , 1936

I last saw h alive on 2/5- , 1936 Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hemiplegia	2/1/36

Other contributory causes of importance:

Epilepsy

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Chas A Cerbin, M. D.

(Address) 2145 N Balto St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 20460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20460

163

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md. Genl. Hos. St., 15 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Louis Pruegner

(a) Residence: No. 1704 Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Carrie J Pruegner

6. DATE OF BIRTH (month, day, year) Jan. 12, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paris France

FATHER

13. NAME Alfred Pruegner

14. BIRTHPLACE (city or town) (State or country) Dresden Germany

MOTHER

15. MAIDEN NAME Blanche Marshall

16. BIRTHPLACE (city or town) (State or country) Paris France

17. INFORMANT Mrs Carrie J. Pruegner
(Address) 1704 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Feb. 8. 1936

19. UNDERTAKER Wm Fletcher Sons
(Address) York & Paines

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5. 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

Paison

Date of onset

Other contributory causes of importance:

Mentally deranged.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Feb 5 1936

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Drank Carbolic acid.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Klaus, M. D.
Coroner

(Address) 1715 Harlem Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 20461

F 20461 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen'l St., 15 E Ward) 5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Grover Augustus Stein Red Cross Surgeon

(a) Residence: No. 3000 Runnerstown Road St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene L. Stein

6. DATE OF BIRTH (month, day, year) Dec 18-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Winfield Md

FATHER

13. NAME John Henry Stein

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Mr Irene L. Stein

(Address) 3000 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Levy Bros Date Feb 8 1936

19. UNDERTAKER H. Richard Low

(Address) Reisterstown Md

20. FILED ... 19 ... Registrar ...

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan Hospital Jan 6 1936 to Feb 6 1936

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury Jan 6 1936

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Slipped + fell against Radiator in bath room

Nature of injury burned arm and back

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) O'Mary M. D.

Coroner

(Address) 1215 Hanover

F 20462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20462

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Rosecroft Terrace, 30-8 Ward)

Length of residence in city or town where death occurred 56 yrs. 8 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry R. Hoffman

(a) Residence: No. 405 Rosecroft Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl E. Hoffman (nee Sinclair)

6. DATE OF BIRTH (month, day, year) May 28, 1879.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	8	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sale

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland.

MOTHER FATHER

13. NAME Daniel Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Brook

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mrs. Pearl E. Hoffman 405 Rosecroft Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb. 8, 1936

19. UNDERTAKER (Address) Harry F. Metzler 4101 Edmondson Ave.

20. FILED ..... Registrar.

8-1936 # 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/4 1936 to 2/5 1936

I last saw ~~him~~ alive on 2/4/36 1936. Death is said to have occurred on the date stated above, at 11 50 ~~A~~ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Chronic Myocarditis	
Arterial Hypertension	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Alpha H. Crowther M. D.

(Address) 4209 Hudnell Ave.

DUPLICATE IS VERY IMPORTANT. See instructions on back of certificate.

10248 F 20463

20463

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Lant

(a) Residence: No. 408 S. Parrish St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year) 4-21-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachael Dew

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb. 10, 1936

19. UNDERTAKER Harry A. Little

Address 4101 Edmondson Ave.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 6 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 10 - 30 . 1935 to 2 - 6 . 1936

I last saw h/m alive on 2 - 6 . 1936 Death is said to have occurred on the date stated above, at 5:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	?
Other contributory causes of importance: Inanition	3 mo

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Gastrostomy Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ole Brantigan M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 20464 ✓ F 20464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Baltimore General Hosp

CITY OF BALTIMORE: (No. 1213 Light St ..... St., 25-17 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Blake Bourne

(a) Residence: No. 4700 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura I. A. Bourne (nee Stup)

6. DATE OF BIRTH (month, day, year) Sept. 12, 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. E. Hurst

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Bourne

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Hodson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Blake Bourne
(Address) 4700 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 10, 1936.

19. UNDERTAKER Harry A. Curtis
(Address) 4101 Edmondson Ave.

20. FILED FEB 8 1936, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1936 to Feb. 7, 1936
last saw him alive on Feb. 7, 1936 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	
Myocardial Failure	
Other contributory causes of importance:	
Diverticulum of bladder	
Cystitis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James S. Webb M. D.

(Address) 1213 Light St

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20465 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 25-5 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 Elmtree St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie M. Flynn

(a) Residence: No. 1530 Elmtree St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tip Flynn

6. DATE OF BIRTH (month, day, year) Jan. 14, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation 0 37

12. BIRTHPLACE (city or town) (State or country) St. Clair, Mich.

FATHER

13. NAME William Palen

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Lucy Ranno

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mr. Tip Flynn (Husband)
(Address) 1530 Elmtree St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 8, 19 36

19. UNDERTAKER John J. Denny
(Address) 715 Light St.

Filed 19 Registrar.

FEB 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/13 19 35 to July 6th 19 36

I last saw him alive on 2/5 — 1 — 19 36 Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1935
Other contributory causes of importance: None	

Was an operation performed? X Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Dunbo M. D.

(Address) 1340 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 20466

20466 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-S Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wash, Thorne

(a) Residence: No. 19 Cameron Ave St., Fairfax Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfax Va.

FATHER

13. NAME Isham Moore

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Harriett, unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Henry Moore

(Address) 19 Cameron Ave Fairfax Va

18. BURIAL, CREMATION, OR REMOVAL

Place Emporia Va Date 2/10/36 19

19. UNDERTAKER Robt E. Williams

(Address) 1515 McElderry St.

20. FILED ..... 19 .....

Registrar

FEB 6 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/36. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 9.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractures of 7 ribs on left side	
Fracture of femur, (1) Tibia & Fibula. left side	

Other contributory causes of importance:

Shock.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 6 1936

Where did injury occur? Fairfax Station Rd near Spring
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto Chevrolet Coach running over deceased, Crawling Coach

Nature of injury Crushing Chest

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C Hann M. D.
Coroner

(Address) 1216 Hanover

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20467 ✓ F 20467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 W Preston St., 17-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 536 W Preston St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary E. Johnson

6. DATE OF BIRTH (month, day, year) Feb 29, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Jan 31 1936

11. Total time (years) spent in this occupation Full

12. BIRTHPLACE (city or town) (State or country) Centreville Md

FATHER

13. NAME Tom Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Johnson

(Address) 536 Fulton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Feb 8, 1936

19. UNDERTAKER Adolphus Halstead

(Address) 528 Druid Hill Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1936 to Feb 6, 1936

I last saw h[illegible] alive on Feb 6, 1936. Death is said to have occurred on the date stated above, at 305 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar Pneumonia	Feb 1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 159 S [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

B 6 - 1936

F 20468

20468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Willis

If U. S. Veteran specify WAR .....

(a) Residence: No. 47 Park Lane St., Cambridge Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE Nan Willis

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Unknown
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med School Date Feb 8 1936

19. UNDERTAKER .....
(Address)

20. FILED Feb 10 1936 Hunter Wilson Registrar.

2003

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2- 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-13- 1935 to 2-2- 1936
I last saw him alive on 2-2- 1936 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	7-13-35
Cardiac Insufficiency	

Other contributory causes of importance:
Pneumothoral abscesses
Pleural abscesses
Pneumonia, infantile ulcers

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo H. Pond Lyon M. D.
(Address) Provident Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20469

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 E Fort ave St., 24 Ward 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frantz B. Boehmes

If U. S. Veteran specify WAR

(a) Residence: No. 810 E. Fort ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jennie M. Boehmes

6. DATE OF BIRTH (month, day, year) July 13, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bro R R

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William F. Boehmes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Krimmeling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Reginald W. Boehmes
(Address) 810 E. Fort ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Feb. 10 1936

19. UNDERTAKER A. Howard Eagan
(Address) 1400 Eastern Ave

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1936 to Feb 6, 1936

I last saw him alive on Feb 6, 1936. Death is said to have occurred on the date stated above, at 11 45 m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis — Date of onset Unknown

Other contributory causes of importance: Uremia — Feb 6, 36

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phy + Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul Elder M. D.

(Address) 131 S Light St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Feb 8 1936

F 20470

F 20470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1544 Boyle St., 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 5 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlotte Bosbey

If U. S. Veteran specify WAR .....

(a) Residence: No. 1544 Boyle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Bosbey

6. DATE OF BIRTH (month, day, year) Aug 23, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Mensham

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME — Cook

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT (Address) Mrs Reaves 1544 Boyle St

18. BURIAL, CREMATION, OR REMOVAL

Place Leden Hill Date Feb. 10 1936

19. UNDERTAKER (Address) J. Bryan Egan 1540 Boyle St

20. FILED Feb 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.6.36. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1935 to 2.6.36 19

I last saw her alive on Feb. 6. 1936 Death is said to have occurred on the date stated above, at 10.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3 yrs.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation clinical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Philip B. Towles M. D.

(Address) 1432 William St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Last illness OCCUPATION is very important. See instructions on back of certificate.

B8 - 1936

F 20471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20471

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Gen St. 24-3 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Conrad Carl Eichelberger

☐ U. S. Veteran (Specify WAR .....)

(a) Residence: No. Eastern Heights, St. Sewn Point Ward, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	None

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 3/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sewna Park, Md.

FATHER

13. NAME Raymond L. Eichelberger

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Edna Wooden

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT (Address) Mother.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 8th 1936

19. UNDERTAKER E. Sahlsman & Son

(Address) 1639 Hanover St.

20. FILED 1936 Huntington W. Va. Registrar

8-1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 2/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/20 1936 to 2/6 1936

I last saw h alive on 2/6 1936 Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

Purulent Meningitis Mixed Infection

acute mastoiditis Duration, 8 days

Cranial pressure & Internal Hydrocephalus

Other contributory causes of importance:

Bilateral Bronchopneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. Alonso M. D.

(Address) So Balto Gen Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20472

20472 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S. Albemarle St., 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 9 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mark DeCicco

(a) Residence: No. 308 S Albemarle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mose DeCicco

6. DATE OF BIRTH (month, day, year): April 9 - 1904

7. AGE — Years: 31 — Months: 9 — Days: 27 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cement Mfg

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Cosmo DeCicco

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Loretta Scacora

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Adelina DeCicco

(Address) 308 S. Albemarle St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. Feb 10, 1936

19. UNDERTAKER: Hart W. E. Dippel

(Address) 37 S. Amity St

20. FILED: FEB 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1936 to Feb 6, 1936

that I saw h... alive on February 5, 1936. Death is said to have occurred on the date stated above, at 8.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bovine Heart Failure in Compensatio.	Jan 31 1936.
Other contributory causes of importance: Pulmonary Tuberculosis	Mch 1935

Was an operation performed? Yes Date of July 1935

For what disease or injury? Pleurisy with Effusion.

Nature of operation: Paracentesis Thoracis Date of

What test confirmed diagnosis? Sputum + Physical Was there an autopsy? No

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not to my Knowledge (If so, specify)

(Signed) Wm. H. Wright, M. D.

(Address) 1209 Bresh... Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20473

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 S. Highland Ave 10 St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William J. Stadtlander If U. S. Veteran specify WAR .....

(a) Residence: No. 134 S Highland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE of~~) Estelle Stadtlander

6. DATE OF BIRTH (month, day, year) Oct 8 - 1889

7. AGE 46

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	29	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile Rag Co

10. Date deceased last worked at this occupation (month and year) 1/36

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Julius Stadtlander

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hilda Fisher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Estelle Stadtlander

(Address) 134 S Highland

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Feb 10 . 1936

19. UNDERTAKER Frank Leach & Son

(Address) 1906 Ashland Ave

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 . 1935 to Feb 6 . 1936

I last saw him alive on Feb 6 . 1936 Death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia J.B	1 yr
Other contributory causes of importance: Pneumonia Asthma	3 Day

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward Scott M. D.

(Address) 413 N Washington

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20474

20474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH Union Memorial Hosp 7

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Howard Cochran

If U. S. Veteran specify WAR .....

(a) Residence No. Emmerton Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Emmerton Md.

FATHER

13. NAME Farley Cochran

14. BIRTHPLACE (city or town) (State or country) Miss

MOTHER

15. MAIDEN NAME Alpha Wagner

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Dean & Foster

(Address) Delair Md.

18. BURIAL, CREMATION, OR REMOVAL Sharon Harford Co. Md. Date Feb 8 1936

19. UNDERTAKER Palmer Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936 to Feb 8, 1936

I last saw him alive on Feb 8, 1936 Death is said to have occurred on the date stated above, at 340 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia left lower	2-1-36

Other contributory causes of importance:

Malnutrition since birth	11-28-35
Dermatitis staphylococcus	1/16/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Colin MacRae M. D.

(Address) Union Memorial Hosp Balto Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 1936

14

F 20475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20475

CERTIFICATE OF DEATH V 178-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4021 Echodale ave. St. 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James C. Benton

If U. S. Veteran specify WAR. .....

(a) Residence: No. 4021 Echodale ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Nettie Benton

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea Food Place

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Deals Island Md.

FATHER

13. NAME Alexander Benton

14. BIRTHPLACE (city or town) (State or country) Deals Island Md.

MOTHER

15. MAIDEN NAME Ida Tawes

16. BIRTHPLACE (city or town) (State or country) Deals Island Md.

17. INFORMANT Paul Benton

(Address) Deals Island Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's M. E. Church Date Feb-10. 1936

19. UNDERTAKER Leonard J. Rush & Son

(Address) 5303 Harford Rd.

20. FILED FEB 8 - 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? Feb 6 1936

Where did injury occur? 4021 Echodale ave. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Lights accidentally turned out while deceased was sleeping on stairs.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schaefer, M. D. Coroner

(Address) 4142 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Fee

F 20476

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20476

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. Johnson.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1613 Biggs Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 10, 1895.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 ~~45~~	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Melvin Johnson.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ada Carter.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Emma White (Sister)

(Address) 211 Jay St. Sparrows Pt. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Feb 9th 1936

19. UNDERTAKER Mrs T. A. Elliott-daughter

(Address) 1124 Caroline St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1936 to Feb 5 1936

I last saw him alive on Feb 5 1936 Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis.	Feb 1 1936

Other contributory causes of importance:

None Known.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edwin Knowles Jr. M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 1

ESC 1936

E 20477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1-2 Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Petrone If U. S. Veteran specify WAR .....

(a) Residence: No. 179 S. Potomac St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura Petrone

6. DATE OF BIRTH (month, day, year) 8/28/79

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
56	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Contr

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 1 day

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Simone Petrone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 10, 1936

19. UNDERTAKER Frank V. Pikitone
(Address) 211 E. Baltimore St

20. FILED ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1936 to Death, 19...
I last saw him alive on Feb 6, 1936 Death is said to have occurred on the date stated above, at 5 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, meningitis due to Staphylococcus	2/1/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph J. Sadusky Jr. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED 1936

F 20478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20478

V 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 15 Ward) 9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Rita Reis

(a) Residence: No. 4037 Fairfax Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 12, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Joseph J. Reis

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Lavezza

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph J Reis
(Address) 4037 Fairfax Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 10 . 1936

19. UNDERTAKER Frank V. Pipistone
(Address) 2815 E. Balto st

20. FILED ..... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-5 . 1936 to 2-6 . 1936

I last saw her alive on 2-6 . 1936 Death is said to have occurred on the date stated above, at 7:33 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 2-5-36

Other contributory causes of importance:

Myocardial failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) August L. Ewald Jr. M. D.

(Address) Maryland General Hospital

Information should be carefully supplied. Any blanks will delay burial permit. Please write plainly. Underline state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

F 20479 ✓ F 20479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 15-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Moreland Ave St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? 90 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elias D. Levine

(a) Residence: No. 1502 Moreland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Fannie Levine

6. DATE OF BIRTH (month, day, year) 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Levine

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fannie Levine

(Address) 1502 Moreland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Cemetery Date Feb 9, 1936

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED Registrar

FEB 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935 to Feb 7, 1936

I last saw him alive on Feb 5, 1936 Death is said to have occurred on the date stated above, at 12 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism acute	—
Other contributory causes of importance:	
chronic hypertension	10 yrs
chronic nephritis	20 yrs

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation no Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Irving Zieve M. D.

(Address) 20 S Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

F 20480 ✓ F 20480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 Eloya Southway 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Libauer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2525 Eloya South Way St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maira

6. DATE OF BIRTH (month, day, year): Jan 14/1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	—	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture Manf.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Israel Libauer

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sarah Gents

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Maira Libauer 2525 Eloya Southway

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Rodelph Date Feb 9. 1936

19. UNDERTAKER (Address): Sol Levinson Bros 1007 E Baltimore st

20. FILED ... 19... Registrar.

FEB 9 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th 1935 to Feb 7th 1936

I last saw him alive on Feb. 7th 1936. Death is said to have occurred on the date stated above, at 4:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomache	
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Samuel Weinberg M. D.

(Address) 3735 Park Heights Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

M. & B. 20481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20481

CERTIFICATE OF DEATH

13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Pen. Hospital St., 10-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Taylor

(a) Residence: No. 954 Forrest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Mulatto	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marrietta B. Taylor

6. DATE OF BIRTH (month, day, year) Feby. 19, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30 yrs	11	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rud Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hollywood, Md

FATHER

13. NAME Herbert Taylor

14. BIRTHPLACE (city or town) (State or country) Leonardtown

MOTHER

15. MAIDEN NAME Mary A. Drummondella

16. BIRTHPLACE (city or town) (State or country) Leonardtown Md

17. INFORMANT deaf

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D. C. Date 2/10/, 1936

19. UNDERTAKER Frances A. Hemphill

(Address) 5 E. Biddle St

20. FILED ....., 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/36 19

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935 to Feby 7, 1936

I last saw him alive on Feby 7, 1936 Death is said to have occurred on the date stated above, at 9.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Taylor M. D.

(Address) 954 Forrest St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. 8 3

F 20482

✓ F 20482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Frazier

(a) Residence: No. Phoenix, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Longgreen Mt. Zion Cem. Date 2/10/ 1936

19. UNDERTAKER Frances A. Hemsley

(Address) 512 W. Biddle St.

20. FILED ... 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-4 1936 to 2-8 1936

I last saw him alive on 2-8 1936. Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident	2-4-36
Malignant hypertension	over 7 mos

Other contributory causes of importance

No

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. L. Jackson, M. D.

(Address) 1600 N. Arlington.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20483 ✓ F 20483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Battery Ave St. 24-3 Ward)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliz. E. Raysinger

If U. S. Veteran specify WAR .....

(a) Residence: No. 1407 Battery Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin E. Raysinger

6. DATE OF BIRTH (month, day, year) Sept 15th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
71	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Own Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. H. Williams

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Martha Jacobs

16. BIRTHPLACE (city or town) (State or country) Maryland Anna George Co.

17. INFORMANT (Address) Martin E. Raysinger 1407 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL

[illegible] London P.K. Cem. Date Feb 11th 1936

19. UNDERTAKER (Address) William F. Porter 1718 N. Fulton Ave.

FILED [illegible] 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 years, 19.., to Feb. 8. 36, 19..

I last saw her alive on Feb. 6. 36, 19.. Death is said to have occurred on the date stated above, at 4.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	7 yrs
Other contributory causes of importance:	
Chr. cardiac Enlargement	3 yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20484

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St., 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 40 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katie Weiner

(a) Residence: No. 2415 Pinkney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Weiner

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 00?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Daniel Shiman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Henry Weiner
(Address) 2412 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Holland Mt Carmel Date 1/10/36 19

19. UNDERTAKER Jack Levi Inc.
(Address) 1436 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

FEB 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8-36 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 19 36 to Feb 8 19 36

I last saw h alive on Feb. 8 1936. Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Type I	Feb 4-36

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) David J Bordy, M. D.

(Address) Sinai Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

20485

HEALTH DEPARTMENT—CITY OF BALTIMORE

20485

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 N. Appleton St. 15-W Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

2. FULL NAME Fennie Zumbolen

(a) Residence: No. 1611 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Bessie Zumbolen
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 2/9/36 19

19. UNDERTAKER Jack Levy & Bro
(Address) 1439 E. Baltimore St

20. FILED FEB 9 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-36 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 19 36 to Feb 7 19 36

I last saw her alive on Feb 7 19 36 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Chronic Endo Carditis	?
Other contributory causes of importance:	
Endo Cardiac Dilatation	1½ hr
Pulmonary Oedema	1½ hr

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. Wiseman M. D.

(Address) 4000 Edmondale Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20486

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20486

CERTIFICATE OF DEATH

49a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Westwood St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth 42 yrs. mos. ds.

2. FULL NAME Dora Jacobs

(a) Residence: No. 2001 West Wood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Isaac Jacobs

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rae Roman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. A. Jacobs
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Hebrew Date 2/9/36. 19

19. UNDERTAKER Jos. Levy Sons
(Address) 1439 E. Baltimore

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 . 1935 to Feb 7 . 1936

I last saw h alive on Feb 7 . 19 36 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary cyst adenoma-carcinoma — of the ovary	Dec 34,

Other contributory causes of importance:

Name of operation Laparotomy Date of Nov 35

What test confirmed diagnosis? Operation. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Milton B. Kurst M. D.
(Address) 2904 Reisterstown Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

FEB 8 1936

M. D. B. 1936 E 20487

E 20487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Division St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Avonia Burgess

If U. S. Veteran specify WAR

(a) Residence: No. 2105 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 18, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry Thomas Burgess

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Laura Sorrell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Laura A. Burgess

(Address) 2105 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2-9 1936

19. UNDERTAKER Bernard P. Hensley

(Address) 518 Druid Hill Ave

20. FILED FEB 10 1936, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

12.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possible Cerebral Hemorrhage	
Uraemia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O'Mara, Coroner, M. D.

(Address) 1215 Hanover

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20488

F 20488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-4 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James Alston

(a) Residence: No. 936 N. Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine (separated)

6. DATE OF BIRTH (month, day, year) 1-14-87

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all kinds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Sam Alston

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Laura

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Feb 10 1936

19. UNDERTAKER Robert T. Williams
(Address) 1516 McElderry St

20. FILED ... 19... Registrar

FEB 8 - 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/31 1935 to 2/6 1936

I last saw him alive on 2/6 1936 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriolonephrosclerosis	2 mo.
c uremia	prior

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 20489 F 20489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-7 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 W. Northern Ave. Ward 7)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where occurred 79 yrs. 1 mos. 8 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME J. Randolph Forrester. If U. S. Veteran specify WAR .....

(a) Residence: No. 2019 W. Northern Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Glenn Forrester

6. DATE OF BIRTH (month, day, year) Dec. 29 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder-Self.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Francis Forrester

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret A. Krenger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Herbert C. Forrester

(Address) 2131 Dukeland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Feb 10 1936

19. UNDERTAKER Wm. Fletcher Sons

(Address) North & Eutaw.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury, thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ....., find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage. 11 Hrs.

	Date of onset

Other contributory causes of importance:

Was an operation performed? Date of .....

For what disease or injury?

Name of operation Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hann, M. D. Coroner

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 13 1936

F 20490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20490

#12123 ✓ 82-w

CERTIFICATE OF DEATH

23-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Abey

If U. S. Veteran specify WAR .....

(a) Residence: No. 297 Dickman St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~63~~	66	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Abey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Barbara Gough

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Feb 10, 1936

19. UNDERTAKER Wm. J. Tickber & Sons,
(Address) North & Pa. Ave.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1936 to 2/7, 1936

I last saw him alive on 2/7, 1936 Death is said to have occurred on the date stated above, at 1:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6 days
Arteriosclerosis	?
Other contributory causes of importance:	
Hypertension	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 2

F 20491

F 20491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2545 W. Lafayette Ave. Ward 24)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A. Hartlove.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2545 W. Lafayette Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Katherine Hartlove

6. DATE OF BIRTH (month, day, year): Aug. 1, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82.	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of Balto

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation: Balto. Md.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME: Wesley Hartlove

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Elizabeth Jory

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mr. Walter S. Hartlove

(Address) 2545 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Feb. 11 1936

19. UNDERTAKER: Wm. Pickup & Sons

(Address) Pennsylvania Ave.

20. FILED FEB 10 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1936 to Jan 7 1936

I last saw him alive on Jan 7 1936 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Nephritis Chronic	3 yrs
Fatal cardio vascular disease	2 yrs
Other contributory causes of importance: Myocardial Insufficiency	2 yrs 3 da

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. R. Norris M. D.

(Address) 816 N. Eutaw St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20492

CERTIFICATE OF DEATH.

✓ 89-B

1-PLACE OF DEATH Presby. E. E. & T. Hospital

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1017 E. Baltimore ST. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Grace Peterson

(Residence in Baltimore: No. 156 North Hay St. St.; 5 yrs., 6 mos. 24 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 13 (Day), 1930 (Year)

7-AGE, 5 yrs. 6 mos. 24 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, John Thomas Peterson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Grace Shriver

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Thomas Peterson

(Address) 156 N. Hay St. Baltimore, Md.

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH. X

16-DATE OF DEATH, February (Month) 7 (Day), 1936 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 25 1936, to February 7 1936, that I saw her alive on Feb. 7 1936, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

1. Meningitis - Streptococcus

(Duration) 0 yrs. 0 mos. 4 da.

CONTRIBUTORY (Secondary) Hydrocephalus (Duration) 0 yrs. 2 mos. 14 da.

(Signed) James S. Van Leuvan M. D.

2-7-, 1936. (Address) 1017 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 17 da. In the State 5 yrs. 6 mos. 24 da.

Where was disease contracted, if not at place of death? 156 N Hay St.

Former or usual residence 156 N Hay St

19-PLACE OF BURIAL OR REMOVAL, Woodland Park

DATE OF BURIAL, 2/10/, 1936

20-UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul St

FEB 10 1936

F 20493 Schultheis F 20493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St., 15-6 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Margaret Schultheis
If U. S. Veteran specify WAR No Record

(a) Residence: No. 1927 Dukeland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Schultheis

6. DATE OF BIRTH (month, day, year) July 31, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	6	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Julius Hoffmann
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Antonia Miller
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/11 1936

19. UNDERTAKER Wm Cook
(Address) 1217 E Baltimore St

20. FILED FEB 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1936 to 2-9 1936
I last saw h[illegible] alive on 2-1 1936 Death is said to have occurred on the date stated above, at 5-20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Uremia Nephritis	
Cardiac Myocardial failure	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) W. P. Stephens M. D.
(Address) Md Gen Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20494 121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 27-10

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada Brun If U. S. Veteran specify WAR No Record

(a) Residence: No. 5104 Midwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 10/19/86

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Bloomfield

14. BIRTHPLACE (city or town) (State or country) St Louis Mo

MOTHER

15. MAIDEN NAME Mary Wagner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL London Park Date 2/11 19 36

19. UNDERTAKER Wm Cook
(Address) 1217 E Baltimore St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1936 to Feb 5 1936

I last saw h[illegible] alive on Feb 5 1936 Death is said to have occurred on the date stated above, at 12 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. head of kidney removed 4 yrs ago	
Following X-ray treatment	
Last week remaining one	
short duration. Pt showed generalized abdom	

Other contributory causes of importance:

Appendectomy because of abdominal pain

Was an operation performed? yes Date of 8 days ago

For what disease or injury? Appendicitis ???

Name of operation Appendectomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl A. Schleicher M. D.

(Address) 2-11-17

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20495 F 20495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Sarah Kirby

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4610 Ashburton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H Kirby

6. DATE OF BIRTH (month, day, year): Dec 26 1849

7. AGE: Years 86 | Months 9 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: William Finch

14. BIRTHPLACE (city or town) (State or country): Frederick Md

MOTHER

15. MAIDEN NAME: Eliza A Star

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Sarah G Kirby

(Address) 4610 Ashburton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/4 1936

19. UNDERTAKER: Wilson Corby

(Address) 1217 E Fayette St

20. FILED FEB 4 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 2 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 1 - 2 - 3 1936, to 2 - 9 , 1936

I last saw h[illegible] alive on 2 - 9 1936 Death is said to have occurred on the date stated above, at 6:17 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration arteriosclerosis	2-1-36
Bronchopneumonia	2-1-36
Lobar pneumonia - left upper lobe, right upper lobe	2-7-36

Other contributory causes of importance: Cyst

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) University Hospital, Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20496

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20496

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 N. Castle St., 8-5 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Bennett

(a) Residence: No. 1813 N. Castle St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of Julia M. Bennett

6. DATE OF BIRTH (month, day, year) Nov 28th 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Producer

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm C. Bennett

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Amy Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Julia M. Bennett

(Address) 1813 N. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 11th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Feb 12 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1936 to Feb 8 1936

that I saw ~~him~~ her alive on Feb. 7 1936 Death is said to have occurred on the date stated above, at 2.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	1yr
Other contributory causes of importance:	
Coma	2 days

Name of operation none Date of

What test confirmed diagnosis? Clinic Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, state

(Signed) Chas. S. Keer M. D.

(Address) 4085 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20497

M. H. B. 1208-3

F 20497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5501 Liberty Heights St., 94-A Ward)

Registered No. 39-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha A Leach

If U. S. Veteran (specify WAR) No Record

(a) Residence: No. 5501 Liberty Heights Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Frederick C Leach

6. DATE OF BIRTH (month, day, year): Jan 26 1861

7. AGE: Years 75 | Months 0 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sedgwick Maine

FATHER

13. NAME: William Ragsdale

14. BIRTHPLACE (city or town) (State or country): USA

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Robert F Leach 5501 Liberty Heights

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Date Feb 11th 1936

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a ... Inquest (Inquest, Autopsy or Inquiry) ... (Between and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) ... and that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows: Virginia Tetanus 6 days

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mann M. D. Coroner

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Ann St. 2-3 Ward)

Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Joseph Dobrieny

(a) Residence: No. 518 S. Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop at home

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Poland

FATHER

13. NAME Andrew

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Madeja

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs Anna Dobrieny

(Address) 518 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 11 36

19. UNDERTAKER F W Ozazewski

(Address) 1930 Eastern Ave.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Acute Cardiac Dilatation	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 1010 S. Edwards Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

FEB 9 1936

F 20499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20499

CERTIFICATE OF DEATH

92-a

18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 Hollins St. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Harry S. Henry-Herkel

(a) Residence: No. 933 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Blind)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT J. L. Beck
(Address) 601 N. Fulton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Feb 10 1936

19. UNDERTAKER Geo. J. Smith
(Address) 1900 Eutaw Pl.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1936. 19

22. I HEREBY CERTIFY, That I last saw the remains of the deceased above, held an Inquire (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquire (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. H. Carlson M. D.
(Attending Physician or Coroner)

(Address) 3737 Auchentoroly

F 20500

M. D. B. 1868-9

F 20500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dead on arrival at Mercy Sub. General Hospital.

1. PLACE OF DEATH

Registered No. 15-9335

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Newton K. Henderson

If U. S. Veteran specify WAR.

(a) Residence: No. 4018 Bateman ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia V. Henderson

6. DATE OF BIRTH (month, day, year) Nov. 21, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME William Henderson

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Elizabeth Webb

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Julia V. Henderson

(Address) 4018 Bateman ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 10 1936

19. UNDERTAKER Geo. J. Smith

(Address) 1906 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry did find that said deceased came to death on the day stated above. 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann M. D.

Coroner

(Address) 12 E. Hamilton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 20501

F 20501 #11394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Ranger

(a) Residence: No. 343 S. Monroe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-8-62

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watch[illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank 26 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Ranger

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 11 . 1936

19. UNDERTAKER Geo. A. Smith

(Address) 1900 Eutaw Place

20. FILED FEB 10 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/21 . 1935 to 2/8 . 1936

I last saw him alive on 2/8 . 1936 Death is said to have occurred on the date stated above, at 7 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-3 days
Cerebral Hemorrhage	1 mo.
Other contributory causes of importance:	
Arteriosclerosis	?
Hypertension	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Levin, M. D.

(Address) Balto City Hosp

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 20502 F 20502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 Radnor ave. St., 27-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth A. Ramsey

If U. S. Veteran specify WAR .....

(a) Residence: No. 318 Radnor ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert E. Ramsey.

6. DATE OF BIRTH (month, day, year) June 23 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Weaver

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rosalie E Martin

(Address) 318 Radnor

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 10. 1936

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24 1936 to February 7 1936

I last saw h[illegible] alive on February 7 1936 Death is said to have occurred on the date stated above, at 4.48 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia . D	3 ds
Broncho Pneumonia	2 ds
Hypertension: arteriosclerosis	14 ds
Carcinoma of neck	14 ds
Other contributory causes of importance: Chr Int Nephritis	14 ds.

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none Date of .....

What test confirmed diagnosis? Urinalysis Microscopic examination?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos Fu Stevens M. D.

(Address) 2878 Harford Rd

R. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1936

F 20503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20503

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-2 Ward)

Length of residence in city or town where death occurred ....yrs. life mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mildred H Quarles

(a) Residence: No. 1183 Cleveland St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard E. Quarles

6. DATE OF BIRTH (month, day, year) 5-30-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Rhinehart

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Todor

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Feb 11 1936

19. UNDERTAKER Mrs. Dye John W. Peuplow Son

(Address) 501 W. Fayette St.

20. FILED FEB 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/4 1936 to 2/7 1936

I last saw her alive on 2/7 1936 Death is said to have occurred on the date stated above, at 6.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Kidney disease	7 mo +
Bronchitis, acute	5 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? ..... Date of .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert E. Reitz M. D.

(Address) Balto City Hosp

F 20504 Powell F 20504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Powell

(a) Residence: No. 1001 Ray St. St., Spring Gardens Point Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Jennie Powell

6. DATE OF BIRTH (month, day, year) Mar 10th 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	59	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steelmill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Oscar Powell son
(Address) 1920 E. Preston

18. BURIAL, CREMATION, OR REMOVAL
Place Lift to Greenbay Va. Date Feb 10th 1936

19. UNDERTAKER Mrs. Robert A Elliott-daughter
(Address) 1129 Caroline St

20. FILED FEB 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-6 1936 to 2-8 1936

I last saw him alive on 2-8 1936. Death is said to have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	2-5-36
Hypertensive cardio-renal disease	2 yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. T. Jackson M. D.

(Address) 605 N. Arlington

M. D. B. 1268-9

F 20505 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20505

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Harlem Ave St. W 16-1 Ward)

Registered No. 378

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Albert Sampson

(a) Residence: No. 1133 Harlem Ave Ward. 16

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Sampson

6. DATE OF BIRTH (month, day, year) Dec 23 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Albert Sampson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lina Parker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lina Parker

(Address) 1133 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place MT Auburn Date Feby 11 1936

19. UNDERTAKER Clarence Wright

(Address) 926 N Carrollton Ave

20. FILED Feb 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Novbr 29 1935 to Feby 9 1936

I last saw he alive on Feby 4 1936 Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Cardiac Syphilis	

Other contributory causes of importance:

Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H Clay Lyle M. D.

(Address) 1106 W Lafayette Ave

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1936

M. D. B. 1268-9

F 20506

F 20506 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Hopewell Court St. 48 Ward)

Registered No. 62-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ...dis. How long in U. S. If of foreign birth? yrs. mos. dis.

2. FULL NAME Irene Smith

(a) Residence: No. 1428 Hopewell Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otis Smith

6. DATE OF BIRTH (month, day, year) Feb 2. 1895

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
40	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Major A. Branch

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Bettie Wynne

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Otis Smith

(Address) 1428 Hopewell Court

18. BURIAL, CREMATION, OR REMOVAL

Place Sister Mary's Cemetery Date Feb 10 1936

19. UNDERTAKER Samuel N. Chase & Son

(Address) 638 N. Gilmor

20. FILED ... 19... Registrar.

FEB 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/21 1935 2/7-6 1936

I last saw h[illegible] alive on 3/6/36 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3/5/36
Asthma	

Other contributory causes of importance:

Name of operation ✓ Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. J. Patterson M. D.

(Address) 1225 Gilmor St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20507 F 20507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. St., 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth 22 yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Lena Berman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2029 Christian St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wak

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cem. Chebra Shalom Date 2/10/36 19

19. UNDERTAKER Jack Levine Inc

(Address) 1439 E Baltimore St.

20. FILED ..... 19 .....

FEB 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-36 19

22. I HEREBY CERTIFY, That I attended deceased from 1-22-36 19 .. to 2-9-36 19

I last saw her alive on 2-9-36 19 . Death is said to have occurred on the date stated above, at 7:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Arterio Sclerotic Cardio - Vascular Disease	
2- Chronic myocarditis	
Other contributory causes of importance:	
~~Post~~ Release of Post Operative adhesions by exploratory laparotomy	

Was an operation performed? yes. Date of 2-6-36

For what disease or injury? Release of adhesions

Name of operation Explor. laparotomy Date of 2-6-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton Levin M. D.

(Address) W. B. G. H.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 20508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20508

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Fairmont St. 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. .. mos. .. da. How long in U. S. If of foreign birth 40 yrs. .. mos. .. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Mazza

(a) Residence: No. 406 Fairmont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anziata Mazza

6. DATE OF BIRTH (month, day, year) 2-2-86

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75 74 Yr.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired fruit dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vincent Mazza

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Vincent Mazza

(Address) 66 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 2/11 1936

19. UNDERTAKER Leonard Mertz

(Address) 5355 Belair Rd

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1936 to Feb. 8 1936

that I saw him alive on Feb. 8 1936. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	uncertain
Other contributory causes of importance: Cardiac Dilatation	2 days

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Tammariello M. D.

(Address) 1901 Aliceanna St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 1936

F 20509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20509

CERTIFICATE OF DEATH

3 | #11843

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mathew Cooney

If U. S. Veteran specify WAR

(a) Residence: No. Eutaw and Camden Sts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Single~~ Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~1876~~ 1877.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	~~63~~ 59.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1904

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Cem. Date 2-10 1936

19. UNDERTAKER Leonard J. Rentz

(Address) 1305 Hanford Rd

20. FILED 19 By Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/22 1936 to 2/7 1936

I last saw him alive on 2/7 1936 Death is said to have occurred on the date stated above, at 7 00 p. m.

The principal cause of death and related causes of importance were as follows:

Antemortem Hypostasis & edema of lungs

Duration 4 wks.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reite M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1936

F. D. 20510

F 20510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 North Arlington Ave St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeanette H. Thomas

If U. S. Veteran specify WAR.

(a) Residence: No. 218 North Arlington Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Thomas

6. DATE OF BIRTH (month, day, year) April 4th 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Towsan Md,

FATHER

13. NAME John Humphreys

14. BIRTHPLACE (city or town) (State or country) Towsan Md,

MOTHER

15. MAIDEN NAME Jenny Johnson

16. BIRTHPLACE (city or town) (State or country) Towsan Md,

17. INFORMANT Mary Dorsey

(Address) 218 North Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 10 1936

19. UNDERTAKER Chas G. Cooper

(Address) 314 Gilmor St

20. FILED FEB 10 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7th 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above, 7.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Jas. H. Chilcoat M. D. Coroner

(Address) 1939 Edmondson Ave,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 6

69431 F 20511

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20511

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Mosely

If U. S. Veteran specify WAR .....

(a) Residence: No. 1720 McCulloh St., St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) 8/23/84

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7 6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plt a - Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N - Carolina

FATHER

13. NAME Jackson Mosely

14. BIRTHPLACE (city or town) (State or country) N - Carolina

MOTHER

15. MAIDEN NAME —— Unknown

16. BIRTHPLACE (city or town) (State or country) N - Carolina

17. INFORMANT Friends JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/10/36 . 19

19. UNDERTAKER Mrs Ida A. Holland

(Address) 1631 Druid Hill Ave

20. FILED FEB 10 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-36

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 . 1936 to Feb. 7 . 1936

I last saw him alive on Feb 7 . 1936 Death is said to have occurred on the date stated above, at 11 50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal meningitis	2-2-36
Broncho pneumonia	2-6-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... . 19 ..

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edw A Bressman M. D.

(Address) The Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 20512 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20512

CERTIFICATE OF DEATH

F 93-C

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 W 27 St St., 17-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. Douglas Hinder

If U. S. Veteran specify WAR

(a) Residence: No. 123 W 27 St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE Emma J Hinder

6. DATE OF BIRTH (month, day, year) Feb 13, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shipfitter Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co Va

FATHER

13. NAME Geo Tom Hinder

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thorkeil Milby

(Address) 123 W 27 St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feby 10 19 36

19. UNDERTAKER Wm. J. Tufford Sons Mathews

(Address)

20. FILED 19 Registrar.

FEB 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	1 Year

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) A Richardson M. D.

Coroner

(Address) Coroner

F 20513

F 20513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No. 30913

CITY OF BALTIMORE: (No. ..... St., 10-N Ward) 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Russell Leach

(a) Residence: No. 1225 Ashland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/11/29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Russell Leach

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Katie MacArthur

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsons Date 2/6/10 1936

19. UNDERTAKER Lottie Grass
(Address) 1400 Ashland Ave

20. FILED ..... 19 ..... Registrar

FEB 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1936, to Feb 7 1936

I last saw him alive on Feb 7 1936. Death is said to have occurred on the date stated above, at 5-10 p m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset 3 yrs ago

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Cranbrook M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20514

F 20514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Maryland General Hospital — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 11-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby William Anderson — If U. S. Veteran specify WAR ____

(a) Residence: No. 2 Broadslip Rd. St., Arundel Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	13½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Wm J. Anderson

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Winifred Kelly

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Sacred Heart Date Feb. 10 1936

19. UNDERTAKER Tully & Sullivan
(Address) 405 S Monroe

20. FILED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936 to Feb 7 1936

I last saw him alive on Feb 7, 1936 Death is said to have occurred on the date stated above, at 11 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Acute Nephritis	
Acute Otitis Media	

Other contributory causes of importance:
Myocardial Failure

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Everett Wood M. D.

(Address) Md. Gen. Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1936

20515 HEALTH DEPARTMENT—CITY OF BALTIMORE # 20515

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-1 Ward)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Gross

(a) Residence: No. 2104 Pennsylvania Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-1-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Wm. Dorsey

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb. 17 1936

19. UNDERTAKER G. J. Brooks
(Address) 1463 Pt. Lane St.

FEB 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/5 1936 to 2/7 1936

I last saw her alive on 2/7 1936 Death is said to have occurred on the date stated above, at 6½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 days
Hypertension	"
Other contributory causes of importance:	
Arteriosclerosis	"

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-6

F 20516

HEALTH DEPARTMENT—CITY OF BALTIMORE

20516

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4237 Ivanhoe ave St., 7-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur N. Stewart

If U. S. Veteran specify WAR World

(a) Residence: No. 4237 Ivanhoe Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Violet F. Stewart

6. DATE OF BIRTH (month, day, year): Sept. 26, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Navy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sandersville Queen Anne Co Md

FATHER

13. NAME: Howard Stewart

14. BIRTHPLACE (city or town) (State or country): Sandersville Md Queen Anne Co Md

MOTHER

15. MAIDEN NAME: Elizabeth Gardner

16. BIRTHPLACE (city or town) (State or country): Sandersville Queen Anne Co Md

17. INFORMANT: Mrs Violet F. Stewart

(Address) 4237 Ivanhoe Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 2/11/36

19. UNDERTAKER: John A. Hogan

(Address) 3000 Eastern Ave

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 6 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury Feb. 6, 1936

Where did Injury occur? 4237 Ivanhoe Ave. Balto. Md. (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Home

Manner of Injury Turned on gas jets on gas oven

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Schamberger M. D. Coroner

(Address) 1918 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20517

F 20517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Frederick Kuhl

If U. S. Veteran specify WAR .....

(a) Residence: No. 822 N. Bentalou St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Ethel Kuhl

6. DATE OF BIRTH (month, day, year) Nov 22 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Business

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Ferdinand Kuhl

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Amanda Boblets

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mary Ethel Kuhl (Wife)

(Address) 822 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/11 1936

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Baltimore sts.

20. FILED ..... By .....

Registrar

FEB 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1936 to Feb 8 1936

I last saw him alive on Feb 8 1936 Death is said to have occurred on the date stated above, at 5-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Chronic Myocarditis & decomp	1/36
Chronic Glomerular Nephritis & Edema	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Milton Levin M. D.

(Address) W. B. 9. H.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-a

20518

F 20518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 St Paul St St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael J. Slayesman

(a) Residence: No. 1132 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Feb. 8, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Alexander

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary McCluskey

16. BIRTHPLACE (city or town) (State or country) Irish Lass

17. INFORMANT Elizabeth Slayesman
(Address) 1132 Greenmount

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 2-11- 19.

19. UNDERTAKER Kendall E. Humphreys
(Address) 501 N. Broadway

20. FILED FEB 6 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to 3 115 death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Poisoning	

Other contributory causes of importance: Mental Derangement

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2/2 1936

Where did injury occur? 710 St Paul St. Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Apartment 710 St. Paul St

Manner of injury Gas Poisoning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas B Wallace M. D.
Coroner

(Address) 1031 St. Paul St.

F

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20519

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Aliceanna St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 29 yrs. ..... mos. ..... ds.

2. FULL NAME Sygmunt F. Koch

If U. S. Veteran specify WAR .....

(a) Residence: No. 932 Aliceanna St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie

6. DATE OF BIRTH (month, day, year) Aug 1 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retail bakery

10. Date deceased last worked at this occupation (month and year) Feb 8 1936

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Russia Poland

FATHER

13. NAME Anthony Koch

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Wanda Karwoska

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Mamie Koch

(Address) 932 Aliceanna St

18. BURIAL, CREMATION, OR REMOVAL

Holy Rosary Cem. Date Feb 11 1936

19. UNDERTAKER Stephen J. Fialkowski INC

(Address) 1000 S. Kenwood Ave

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy, or Inquiry) obtained by said inquest (Inquest, Autopsy, or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. V. V. Mc[illegible] M. D.

Coroner

(Address) 1010 S. Ellwood Ave

Please information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1936

20520

HEALTH DEPARTMENT—CITY OF BALTIMORE

20520

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Steven Hogg (Stephen Hogge)

If U. S. Veteran specify WAR .....

(a) Residence: No. 834 N. Chester St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hogg

6. DATE OF BIRTH (month, day, year) 3-31-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	8	9 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ~~Jack~~ John R. Hogg

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Foxwell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/12 19 36

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eutaw St

20. FILED FEB 10 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1936, to 2/7 9, 1936

I last saw him alive on 2/7 8, 1936 Death is said to have occurred on the date stated above, at 4 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 20521

20521 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Pennsylvania Ave St., 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia Lumpkin

If U. S. Veteran specify WAR

(a) Residence: No. 720 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Lumpkin

6. DATE OF BIRTH (month, day, year) July 3-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Md

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lena Reddie

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wilmette Lindsay

(Address) 1116 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 12, 1934

19. UNDERTAKER Mr Katie R. Williams

(Address) 322 S. Schroeder St.

20. FILED . 19 . Registrar

NF

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 . 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Feb 8 1934

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen Physician M. D.

(Address) 50 Augusta St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

F 20522

F 20522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 225 N. Appleton St. (Ward) 18 th 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Jamie Johnson

(a) Residence: No. 225 N. Appleton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jesse Johnson

6. DATE OF BIRTH (month, day, year): July 1903

7. AGE: Years 32; Months 7; Days ...; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework

10. Date deceased last worked at this occupation (month, day, year): about 2 mo

11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (city or town) (State or country): Columbia S.C.

FATHER

13. NAME: David Jackson

14. BIRTHPLACE (city or town) (State or country): Columbia S.C.

MOTHER

15. MAIDEN NAME: Hattie Shell

16. BIRTHPLACE (city or town) (State or country): Columbia S.C.

17. INFORMANT: Henry Johnson

(Address) 220 N. Appleton St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Columbia, S.C. Date: Feb. 10, 1936

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/8, 1936

22. I HEREBY CERTIFY, That I attended deceased (from) 1/23, 1936, 19... to 2/8, 1936. I last saw h[illegible] alive on 2/8, 1936. Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative endocarditis	1/23/36
with Gangrene Amputations	
Nephritis	
Other contributory causes of importance:	
Gangrene Amputations	about
Nephritis	2/7/36

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was autopsy performed? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. L. Gwynn M. D.

(Address) 1211 N. Arlington Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1936

F 20523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 W. Fairmont St. 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Martha Hodge

If U. S. Veteran specify WAR .....

(a) Residence: No. 1213 W. Fairmont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col. | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced, RUSBAND of (or) WIFE of: Robert Hodge

6. DATE OF BIRTH (month, day, year): Sept. 15th 1875

7. AGE: Years 61 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House work

10. Date deceased last worked at this occupation (month and year): About 1 year

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Charles Co.

FATHER

13. NAME: William Butler

14. BIRTHPLACE (city or town) (State or country): Charles Co Md.

MOTHER

15. MAIDEN NAME: Matilda Brooks

16. BIRTHPLACE (city or town) (State or country): Charles Co Md.

17. INFORMANT: Julia Smith.

(Address) 1213 W. Fairmont.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Feb. 11, 1936

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED FEB 10 1936 Date to Wil... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/7. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3rd 1935 to Feb. 7th 1936.

I last saw h[illegible] alive on Feb. 7th 1936 Death is said to have occurred on the date stated above, at 5 [illegible] m.

The principal cause of death and related causes of importance were as follows:

Uremia: — Date of onset 1/25/36

Other contributory causes of importance: Interstitial Nephritis — 11/3/35

Was an operation performed? ..... Date .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Gunn M. D.

(Address) 522 N. Arlington Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20524 ✓ F 20524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Brown

(a) Residence: No. 1530 N. Stricker st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) Nov. 26, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lena Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/12 1936

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Druidman st.

20. FILED [illegible] Signature

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23 1936 to Feb. 7 1936

I last saw him alive on Feb. 7 1936 Death is said to have occurred on the date stated above, at 6.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Karlson M. D.
(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1936

F 20525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20525

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 Bath Gen Hosp St., 34-3 Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ella A. Wood

If U. S. Veteran specify WAR

(a) Residence: No. Cockeysville Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob

6. DATE OF BIRTH (month, day, year): March 18, 1[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Thomas Wood

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Kelly

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs. Mary M. Knight 4530 Shirley Rd Govd Post

18. BURIAL, CREMATION, OR REMOVAL: St Joseph cem Texas Md. 4/11 '36

19. UNDERTAKER (Address): Liston P. Fuguebaugh 221 E Lyndhurst Ave.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1935 to 2/9, 1936

I last saw her alive on 2/9, 1936 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age — Manition	[illegible]
Other contributory causes of importance: High Blood Pressure	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Alonso M. D.

(Address) 30 Bath Gen Hosp

B 10 1936

This certificate must be carefully filled out. Any omission or error will delay burial. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11624

F 20526

F 20526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-1107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Thompson

If U. S. Veteran specify WAR

(a) Residence: No. 2215 Penna. Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 2-1-50

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Fauntleroy

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Williams

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/13 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/21 1933 to 2/8 1936

I last saw her alive on 2/8 1936 Death is said to have occurred on the date stated above, at 2 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 20527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1620 Riggs Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Jones

6. DATE OF BIRTH (month, day, year) July ? 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Richard Watson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Tempie Watson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2-10 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1503 Pennsylvania Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1936 to Feb 7 1936

That I saw her alive on Feb 7 1936 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Meningococcus meningitis	1-29-36 ~~2-6-36~~

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Schwentker M. D.

(Address) Sydenham Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 10 1936

Statistician Williams

F 20528 ✓ F 20528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. 27-5

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wilbur White

(a) Residence: No. 3103 Westfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or ~~WIFE of~~) Anna White

6. DATE OF BIRTH (month, day, year) Dec 4, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea Food

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wilbur White Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Pauline Belt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 12 1936

19. UNDERTAKER Geo W Little
(Address) 2100 Edmondson Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1936 to Feb 8 1936

I last saw him alive on Feb 8 1936 Death is said to have occurred on the date stated above, at 2.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Inguinal Hernia	

Other contributory causes of importance:

Left inguinal abscess

Was an operation performed? Yes Date of Feb 5, 1936

For what disease or injury? Bilateral inguinal hernia

Name of operation Bilateral herniaplasty Date of 2-5-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo J Barnett M. D.

(Address) Maryland General Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Overland St. 27-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie F Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2410 Overland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H Johnson

6. DATE OF BIRTH (month, day, year) Jan 12-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex County Va

FATHER

13. NAME Frazier

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Carrie Frazier

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thomas Johnson

(Address) 2410 Overland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Feb 11 . 1936

19. UNDERTAKER Chas H Bailey

(Address) 1821 Jefferson St

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Respiratory failure	
Other contributory causes of importance Gas Asphyxiation by gas	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of no

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2-7 . 1936

Where did injury occur? Home 2410 Overland Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turning gas on & left room

Nature of injury Acute respiratory failure

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. J. Allen M. D.

Coroner

(Address) 50 Sanguentum

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 5 6

J. Von Tacke - 364 A.

F 20530 ✓ F 20530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3442 Hickory Ave St., 13-6 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John W. Williams

(a) Residence: No. 3442 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Williams.

6. DATE OF BIRTH (month, day, year) Sept 25 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yarman Roland Park Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Thomas Williams.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sophia Smith

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Agnes Williams
(Address) 3442 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery Date Feb 11, 1936

19. UNDERTAKER Edmondson & Son
(Address) 3615-17 Edmondson Ave.

Registrar.

FEB 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933 to Feb 9 1936

I last saw him alive on Feb 8 1936 Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Uremia Nephritis + Hemiplegia	3 yrs
Other contributory causes of importance: Endocarditis, Myocarditis	6 mos.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas Dorsey M. D.

(Address) 846 W 36th St. Balto.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20531 ✓ F 20531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. 2-8

CITY OF BALTIMORE: (No. 1322 Clipper Mill Road St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James F. Burke, Jr. — If U. S. Veteran specify WAR

(a) Residence: No. 1322 Clipper Mill Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 4, 1918.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James F. Burke. Sr.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Dora F. Crawford

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James F. Burke. Sr.
(Address) 1322 Clipper Mill Road

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Hampden State Feb 11, 1936

19. UNDERTAKER Edmonds & Son
(Address) 2615-17 Eastern Ave

20. FILED ..., 19... Registrar.

FEB 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1936 to Feb 8, 1936

I last saw him alive on Feb 8, 1936. Death is said to have occurred on the date stated above, at 9.27 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs.
Interstitial Nephritis	6 yrs.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur J Davis, M. D.

(Address) 800 W 33rd St -

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20532

20532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-131

Registered No. 2331

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (yrs.) mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henriette Gross (Rodman)

(a) Residence: No. 903 Plum Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? ~~1884~~ dec 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41 ~~42~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Housework~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interment
Place ~~Loudon Park~~ Date ~~2/10~~ , 1936
~~and Printed in the Sun~~ 2/20/36

19. UNDERTAKER ~~(Signature)~~
(Address) Katie M. Williams

20. FILED , 19 Registrar.

2087

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/24 1934 to 2/7 . 1936
I last saw her alive on 2/7 1936 Death is said to have occurred on the date stated above, at 7¾ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive vascular disease	3 yr +
Chronic nephritis c. uremia	3
	5 days

Other contributory causes of importance

Was an operation performed? Date of ~~0/0~~

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

F 20533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20533

97

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... da. How long in U. S. If of foreign birth? life ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Liza Simms

(a) Residence: No. 702 N. Calhoun St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1856 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W. Md. School Date Febr 7 1936

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar

FEB 10 1936

2088

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1 1936 to 2/4 1936

I last saw her alive on 2/4 1936 Death is said to have occurred on the date stated above, at 9:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Senility	?
	?
	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reeder M. D.

(Address) Balto City Hosp.

Vs 3

1. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 20534

20534

HEALTH DEPARTMENT—CITY OF BALTIMORE

#11703 4-9-93c

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Since 1875 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bailey, John (John Bailey)

(a) Residence No. 4330 Willow Ave., St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-1-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER FATHER

13. NAME John Bailey, Samuel

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Med School Date Feb 10 1936

19. UNDERTAKER
(Address)

20. FILED [illegible] Registrar

B 10 1236

2089 1179

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/1936

22. I HEREBY CERTIFY, That I attended deceased from 1/14/1936 to 2/7/1936

I last saw him alive on 2/7/1936 Death is said to have occurred on the date stated above, at 10:50 a/p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease.	3 yr.
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Baity M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

20535

F 20535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. 8 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas H. Walters

(a) Residence: No. ..... Deals Island, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elva Price Walters

6. DATE OF BIRTH (month, day, year) July 5, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 2-12-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deals Island, Md.

MOTHER FATHER

13. NAME Adolphus Walters

14. BIRTHPLACE (city or town) (State or country) Deals Island Md.

15. MAIDEN NAME Nellie Horner

16. BIRTHPLACE (city or town) (State or country) Deals Island Md.

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Deals Island Md. Date Feb 10, 1936

19. UNDERTAKER George L. Schmidt

(Address) 240 S. Frederick Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1935 to February 10, 1936

I last saw him alive on February 10, 1936. Death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, far adv. bilateral	Mar. 35
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-8-36

For what disease or injury? Tuberculosis

Name of operation Extrapleural Pneumo-lysis, blood tamponage Date of 2-8-36

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Lowndes M. D.

(Address) U.S. Marine Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 10 1936

M. D. B. 1268-9

F 20536

F 20536 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours St. 76-17 Ward)

Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Cherrick (Cherrex)

If U. S Veteran specify WAR

(a) Residence: No. Snow Hill Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. former do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill Maryland

FATHER

13. NAME Zadok

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md.

MOTHER

15. MAIDEN NAME Mary Nason

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Balt City Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Snow Hill Md Date Feb 13 1936

19. UNDERTAKER Hearn & Dennis

(Address) Snow Hill Md.

20. FILED 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	Feb 2 1936

Other contributory causes of importance: Lobular pneumonia & alcoholism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probable Accident Date of injury Feb 2, 1936

Where did injury occur? Unknown, Probably Public Road

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unknown

Manner of injury: Probably fell while intoxicated

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. M. Wright Coroner, M. D.

(Address) 1010 S. Eutaw St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 1936

(Miller) ✓

20537 E 20537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2744 W Fairmount Ave St. 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma F. Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. 2744 W. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand Miller

6. DATE OF BIRTH (month, day, year) June 25 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma F Wagner

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Walter Miller
(Address) 2744 W Fairmount Ave

18. BURIAL, CREMATION OR REMOVAL
Place Loudon Park Date Feb 11 1936

19. UNDERTAKER Leo A. Farley
(Address) 1800 W. Fayette St.

20. FILED Feb 10 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9. 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936. to Feb. 9, 1936.
I last saw h[illegible] alive on Feb. 9, 1936. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2/1/36.

Other contributory causes of importance:

Acute Dilatation	2/9/36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none Date of —

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

2/10/36 (Signed) Chas. Norton, M. D.
(Address) 1888 W. Lombard St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 20538

HEALTH DEPARTMENT—CITY OF BALTIMORE

20538

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 99 S. Hooker St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary P. Kelley

(a) Residence: No. 99 S. Hooker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Kelly

6. DATE OF BIRTH (month, day, year) Feby 4 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canton Ohio

FATHER

13. NAME J. S. Lees

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary P. Beales

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John J. Kelly

(Address) 2317 N. Charles

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/11/ 1936

19. UNDERTAKER John J. Conway Son

(Address) 901 Gilmor Street

20. FILED 2-15 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 4 1936 to Feby 9 1936

I last saw her alive on Feby 9 1936. Death is said to have occurred on the date stated above, at 4 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 5
Myocardial Disease	2 3

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinn. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas L. Hooker M. D.

(Address) 357 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

B 2 1936

F 20539

B 8315

B 20539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ... S.C. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Agatha O'Leary If U. S. Veteran specify WAR

(a) Residence: No. 6714 North Point Rd St. Lynchs Ct Ward. Sparrows Pt
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Separated

6a. If married, widowed, or divorced
BUSBAND of (or) WIFE of John T Oleary

6. DATE OF BIRTH (month, day, year) 8-1-74

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 11 1936

19. UNDERTAKER John F Denny
(Address) 715 Light St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1936 to Feb 7 1936

I last saw h er alive on Feb 7 1936 Death is said to have occurred on the date stated above, at 155 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete Heart Block.	Jan. 1936
Cardiac Failure, due to complete Heart Block	2/3/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph T. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

B 2 10 1936

Burial Permit Issued

RPK

A&Co. 5-31 250R

F 20540

20540

HEALTH DEPARTMENT—CITY OF BALTIMORE

87-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital — Registered No. 6347

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ..... St. 70-11 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Smith

(a) Residence: No. 2232 Booth St., Ward E

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary E. Smith

6. DATE OF BIRTH (month, day, year): Jan 17 1867

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	21	20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ass't Trade Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.B.S. Brewing Co.

10. Date deceased last worked at this occupation (month and year): About 3 years ago

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Edward Smith

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs. May Hankey

(Address): 403 N. Fulton Ave. Daughter

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: Feb 11, 1936

19. UNDERTAKER: Leland J. Denny

(Address): 715 Eighth St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1936 to Feb. 7, 1936

I last saw him alive on Feb. 7, 1936 death is said to have occurred on the date stated above, at 1.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal bronchopneumonia	

Other contributory causes of importance:

Myocardial failure -
Chr. Emphysema
Chr. bronchitis
Cerebral sclerosis.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify .....

(Signed) Dr. D. J. Battaglia M. D.

(Address) Franklin Sq. Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 20541

20541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172-B

1. PLACE OF DEATH Bon Secours Hosp.

CITY OF BALTIMORE: (No. Baltimore 2nd St., 70-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Sauerwein

(a) Residence: No. 2123 Penrose Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Sauerwein

6. DATE OF BIRTH (month, day, year) March 16, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

13. NAME Charles Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Strattner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert Sauerwein

(Address) 2123 Penrose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 2/11/36 19

19. UNDERTAKER Frederick A. Cole

(Address) 1703 W. Lombard St.

20. FILED [illegible] Registrar.

FEB 10 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1936 to Feb 8 1936

I last saw her alive on Feb 8 1936 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	2-3-36
Other contributory causes of importance:	
Cardiac decompensation	Nov. 35
Essential Hypertension	1930

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon L. Kemp M. D.

(Address) Bon Secours Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 20542

HEALTH DEPARTMENT—CITY OF BALTIMORE

20542

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Bryant Ave St., 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ellen Dickeson

(a) Residence: No. 2102 Bryant Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced (HUSBAND of (or) WIFE of): Christian Dickeson

6. DATE OF BIRTH (month, day, year): 1860

7. AGE: Years: 76 | Months: — | Days: — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Booth

(Address) 2102 Bryant Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Feb 11, 1936

19. UNDERTAKER: Mary M. Wagstaff

(Address) 2216 22nd St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1935, to Feb 8, 1936.

I last saw her alive on Feb 8, 1936. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset: .....

Other contributory causes of importance:

Arteriosclerosis

Name of operation: None — Date of: .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph J. Nuzum, M. D.

(Address) 2919 Reisterstown Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 3

B 10000 4-35 Reprint

F 20543

20543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

342-93 D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Harding

(a) Residence: No. 2021 Woodberry Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Harding

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poole & Hunt

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ? (Dead) Nicholson Harding

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ? (Dead) ? Dorsey

16. BIRTHPLACE (city or town) (State or country) ? Howard Co Md

17. INFORMANT B. C. H. Records

Address St. Mary's

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys (Hampden) Date Feb 12 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/7 1936 to 2/10 1936

I last saw him alive on 2/10 1936 Death is said to have occurred on the date stated above, at 6 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2½ mo
Aortic insufficiency	?

Other contributory causes of importance

Cancer

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 20544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20544

CERTIFICATE OF DEATH

34-9-95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Shepf (Schepf)

If U. S. Veteran specify WAR No War Record

(a) Residence: No. 114 N. Luzerne Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Schepf

6. DATE OF BIRTH (month, day, year) 5-7-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ~~~

11. Total time (years) spent in this occupation ~~~

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Levi Bernedix

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Schwarz Wm. Cook Date Feb 12 1936

19. UNDERTAKER 1217 St Paul st.

(Address)

20. FILED ..... 19 ..... Registrar.

FEB 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/19 1935 to 2/10 1936

I last saw her alive on 2/10 1936 Death is said to have occurred on the date stated above, at 4 22 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

vs 3

M. D. B. 1269-9

F 20545

F 20545 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3313 Lerch Drive St., (Ward) 27-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Gonder

(a) Residence: No. 3313 Lerch Drive St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Emelia E Gonder

6. DATE OF BIRTH (month, day, year): July 11 1857

7. AGE: Years 78 | Months 6 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bill Poster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Morton Advertising Co

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jacob A Gonder

14. BIRTHPLACE (city or town) (State or country): Manchester Md

MOTHER

15. MAIDEN NAME: Rachel E Houck

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Emilie E Gonder

(Address) 3313 Lerch Drive

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: 2/12 1936

19. UNDERTAKER: J M Cook

(Address) 1219 E Fayette

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1936 to Feb 9 1936

I last saw him alive on Feb. 8 1936. Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Cerebral Hemorrhage	2/3/36

Other contributory causes of importance:

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Frank DeVirgilio M. D.

(Address) 1117 St Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20546

M. D. B. 1206-9

F 20546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 354 old York Rd St., 9-3 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilbert J. Wright — U. S. Veteran? specify WAR No War

(a) Residence: No. 504 E. 34 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eliza Wright

6. DATE OF BIRTH (month, day, year) Dec 24 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John J Wright

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Eva R. ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Wright

(Address) 504 E 34 St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 11 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED FEB 1 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held at (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Patient 2 yrs Duration	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Schuhmann M. D. Coroner

(Address) Coroner

Information should be written legibly with pen and ink or typewriter. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 20547

F 20547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Darley Ave. St., ... Ward)

Length of residence in city or town where death occurred 55 yrs. 9 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Schleigh

(a) Residence: No. 1622 Darley Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert P. Schleigh

6. DATE OF BIRTH (month, day, year) April 30, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Finnerty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Mahoney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Catherine Schleigh
(Address) 1622 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Feb. 11 1936

19. UNDERTAKER Margaret G. Flynn
(Address) 2107 Hilton St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8th 1936

22. I HEREBY CERTIFY, That I attended deceased (from Jan 23rd 36 to Feb 8th 36

I last saw her alive on Feb 7th 1936 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease	1 year

Other contributory causes of importance:

Diabetes

Was an operation performed? Yes Date of Nov 35

For what disease or injury? Diabetic Gangrene

Name of operation Amputation Leg Date Nov 35

What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J B Entwisle M. D.

(Address) 1901 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

v 9 3

FEB 11 1936

F 20548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20548

✓ 131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 E. Fort Ave. St. 24-1 Ward)

Length of residence in city or town where death occurred 11 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Carroll

(a) Residence: No. 1209 E. Fort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James P. Carroll

6. DATE OF BIRTH (month, day, year) Sept. 29th 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Wm. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James P. Carroll
(Address) 1209 E. Fort Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Feb. 12th 1936

19. UNDERTAKER Margaret G. Flynn
(Address) 2107 N. Milton St.

FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1935, to Feb 9, 1936.

I last saw h er alive on Feb 8, 1936. Death is said to have occurred on the date stated above, at 5.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Interstital Nephritis	?
Other contributory causes of importance: Cerebral Hemorrhage	Feb 6/36

Was an operation performed? no Date of

For what disease or injury?

Name of operation no Date of

What test confirmed diagnosis? Clinical + Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. H. Barranco, M. D.

(Address) 436 E. Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

F 20549

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20549

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Hanover St. 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary F. Leach

(a) Residence: No. 589 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dont Know

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Raphaels Inst.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME John Leach

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Cochems

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Miss Dolores Eaton

(Address) 509 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Feb. 13 1936

19. UNDERTAKER Margaret E. Flynn

(Address) 2107 N. Milton Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15- 1934, to Feb. 9- 1936

I last saw her alive on Feb. 9- 1936. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis -	Feb 8 1936
Other contributory causes of importance: Myocarditis	July 1934.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew C. Fellis M. D.

(Address) 1033 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 20550

M. D. F. 1268-5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20550

CERTIFICATE OF DEATH

✓ 82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) New Howard Hotel St., 11-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Gordon Yates Perot

If U. S. Veteran specify WAR ...

(a) Residence: No. 813 St. Paul St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	51	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Vet. U.S.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Yates Perot

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Letitia ~~Spangler~~ Spangler

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Mr. Adolphis Perot

Address) 2006 Bolton st.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Feb 11 1936

19. UNDERTAKER Henry W. Jenkins Sons

(Address) 24 Eutaw & Richmond

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G. H. O'Connell M. D.

Coroner

(Address) 2757 W. North Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 20551

F 20551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Tasco

If U. S. Veteran specify WAR .....

(a) Residence: No. 3311 Paton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) Mary Tasco

6. DATE OF BIRTH (month, day, year) May 24, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Market

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robert Tasco

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Tasco

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Tasco
(Address) 3311 Paton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date 2/12/ 1936

19. UNDERTAKER Francis A Hemsley
(Address) 578 W. Biddle St

20. FILED ..... 19 ..... Registrar.

FEB 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9 1936

22. I HEREBY CERTIFY, That I attended deceased from February 6 1936 to February 9 1936
I last saw him alive on February 9 1936 Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) P. M. Wagenseller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

20552 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 20552

CERTIFICATE OF DEATH

✓ 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Smack

If U. S. Veteran specify WAR .....

(a) Residence: No. 1308 Harlem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of Addie Smack

6. DATE OF BIRTH (month, day, year) 5/14/91

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Yellow Cab Co

10. Date deceased last worked at this occupation (month and year) 2/6/36

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Berlin Md.

FATHER

13. NAME Harry Smack

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Roberts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Addie Smack

(Address) 1308 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Berlin, Md. Date 2/12 1936

19. UNDERTAKER Smith & Chase & Son

(Address) 638 N. Gilmor

20. FILED FEB 11 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second & third degree burns of facial body	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb. 6 1936

Where did injury occur? Yellow Cab Co. on Preston St Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Rag soaked in oil caught on fire

Nature of injury Burning his clothes

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Paul Wheeler, M. D.

Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 11 1936

F 20553

F 20553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4501 Roland Avenue St. 27-14 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 14 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Alexander A. McIlvain

(a) Residence: No. 4501 Roland Avenue St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Aug. 25, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
62	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Columbia Paper Bag Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Alexander McIlvain

14. BIRTHPLACE (city or town) (State or country) ---- Ireland

MOTHER

15. MAIDEN NAME Elizabeth Anderson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Mrs. T. Quincy Scott 4501 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cemetery Date 2/11, 1936

19. UNDERTAKER (Address) Kirby, Beard & Co. Inc. Baltimore, Md.

20. FILED 2 11 1936, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/25, 1936, to 2/9, 1936.

I last saw h/m alive on 2/8 1936. Death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris (Coronary Occlusion) — Date of onset 4/25/35

Other contributory causes of importance: None

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Walter A. Baetjer M. D.

(Address) 1105 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

20554 — CERTIFICATE OF DEATH — 46-E 20554

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward 10)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Matilda Dodson

If U. S. Veteran specify WAR .....

(a) Residence: No. 420 N. Highland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence E. Dodson

6. DATE OF BIRTH (month, day, year) Feb 5-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (City or town) (State or country) Baltimore

FATHER

13. NAME Wm F. Bush

14. BIRTHPLACE (City or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Barbara Schneider

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs L E. Dodson

(Address) 420 N. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Odd Lawn Date 2/11/36 19

19. UNDERTAKER F. B. Hufnagel & Son

(Address) 1300 Eutaw Place

20. FILED Feb 11 1936 Hunter for Wilmot M.D.

(Date) (Registrar)

FEB 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1936 to February 8, 1936

I last saw her alive on February 7, 1936. Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestines	
& omentum &	
metastasis to liver.	
Carcinoma of Stomach.	

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec. 30, 1935

For what disease or injury? Chronic Gall Bladder & Carcinoma.

Name of operation Separatomy Date of Dec 13, 1935

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dr. J. Frank Hollingsworth M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

No. .....

M. D. H. 1268-9

F 20555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20555

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 n Carolina St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W Caines

(a) Residence: No. 626 n Carolina St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura Caines

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Lenory Caines

(Address) 626 n Carolina St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date Feb 11th 1936

19. UNDERTAKER Mrs Robert A Elliott daughter

(Address) 1129 Woodbourne Ave

20. FILED FEB 11 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1936 to 2-7 1936

I last saw him alive on 2-7 1936 Death is said to have occurred on the date stated above, at 4 15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	2/5/36
Other contributory causes of importance:	

Name of operation Physical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C Allen M. D.

(Address) 50 E Lexington St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20556

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 W. 37th St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry J. Albaugh.

(a) Residence: No. 1113 W. 37th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Albaugh.

6. DATE OF BIRTH (month, day, year) Oct 4th 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66.	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alesia Md.

FATHER

13. NAME Joshua Albaugh.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Jones.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wife Mrs. Mary E. Albaugh.
(Address) 1113 W. 37th st.

18. BURIAL, CREMATION, OR REMOVAL Date Feb 12 36 19

Place Alesia Md.

19. UNDERTAKER Walter Davis
(Address) 3418 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 36 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 1936 to 1936

I last saw him ALIVE on Feb 9th 1936 Death is said to have occurred on the date stated above at 7.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2/9/36
Other contributory causes of importance:	
Nephritis, Arteriosclerosis	1903
Tobacco addiction	1906

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Edward Pierpont Coroner M. D.

(Address) Coroner

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 20557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20557

108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Edmondson Av St., 16-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie V. Dunlap

(a) Residence: No. 1016 Edmondson Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Willie W. Dunlap

6. DATE OF BIRTH (month, day, year) Sept. 14 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Leonard Harper

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliza Harper

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mabel G. Williams daughter

(Address) 1016 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 2/13/36 19

19. UNDERTAKER John M. Johnson & Sons

(Address) 1300 Eutaw St

19 Hamilton for Williams Registrar.

FEB 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-29 1936, to 2-9 1936

I last saw h alive on 2-9 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion of Heart	
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Jackson M. D.

(Address) 600 N Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

F 20558

F 20558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

Registered No. 15-13

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Isaac Wahrman

(a) Residence: No. 4350 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Wahrman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Luncheonette

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Wahrman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Getta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Wahrman - Wife
(Address) 4350 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rivesdale Date 2-11/36 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St.

Filed ... 19 ... Registrar

B 11 1666

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) did that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Ohrenber M. D.
Coroner
(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 20559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20559

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. Macon St., 76-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Augusta Schmidtman

(a) Residence: No. 509 S. Macon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael S.

6. DATE OF BIRTH (month, day, year) April 14-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Gransee

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pastel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John M. Schmidtman

(Address) 509 S. Macon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb 11 1936

19. UNDERTAKER George W. Dinkler

(Address) 1737 E. Eager St

FILED ..... 19 ..... Registrar.

FEB 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1- 1936 to Feb. 7- 1936

I last saw her alive on Feb. 7- 1936. Death is said to have occurred on the date stated above, at 8.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypocondritis	years
Chronic Pulmonary Tb.	years

Other contributory causes of importance:

Senile Heart Failure

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. S. Gilbert M. D.

(Address) 5010 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 20560

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20560

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 S. Belnord Ave St., 1-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Zametzer

(a) Residence: No. 613 S. Belnord Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Zametzer

6. DATE OF BIRTH (month, day, year) Feb. 15, 1860.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Conrad Lampman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Hartman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Zametzer
(Address) 613 S. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Feb. 12 1936

19. UNDERTAKER George W. Sinkler
(Address) 1737 E. Eager St.

20. FILED FEB 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1936 to Feb. 8 1936

I last saw h~~e~~ alive on Feb. 7 1936. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 hr.
Other contributory causes of importance:	
Arteri-Sclerosis	2 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None Date of

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Neer M. D.

(Address) 408 S. Patterson Ave.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

VS 3

Spec. 2-29-28—L. F. S.—500 Blks.

F 20561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(Pollie)

F 20561

✓ 46-3

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 627 McCulloh ST., 14-L WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Pollis

(a) RESIDENCE NO. 627 McCulloh ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
M	col	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Della Pollis

6 DATE OF BIRTH (month, day, and year) March 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener 0086

(b) General nature of industry, business, or establishment in which employed (or employer) Private family

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ann Arundel Co. Md

PARENTS

10 NAME OF FATHER Robt Pollis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Yorktown Va.

12 MAIDEN NAME OF MOTHER Fanny Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ann Arundel Co Md

14 Informant Della Pollis

(Address) 1624 McCulloh St

15 Filed ___ 19__ ___ Registrar

2/11 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9-36

17 I HEREBY CERTIFY, That I attended deceased from 12-18, 1935, to 2-9, 1936

that I last saw him alive on 2-9, 1936

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Generalized Metastasis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Butler, M. D.

2/11, 1936 (Address) 2035 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cheltenham Md.	2/12/36 19
20 UNDERTAKER	ADDRESS
Mrs. Geo. H. Holland	1631 Druid Hill Ave

M. D. B. 1268-9

F 20562

20562

HEALTH DEPARTMENT—CITY OF BALTIMORE

J 131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5436 W Lanvale St. 17-7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Davis

(a) Residence: No. 5436 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Davis

6. DATE OF BIRTH (month, day, year) March 4 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel 609

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Henry Davis

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Marie Howard

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Bessie Davis

(Address) 573 N. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/12/36 19

19. UNDERTAKER Wm. Albert Holland

(Address) 1631 Druid Hill Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to 2/9 1936

I last saw him alive on Feb 9 1936 Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Heart Failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. J. Halsey M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

#11381 F 20563

20563 HEALTH DEPARTMENT—CITY OF BALTIMORE

34-E-93-D

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Cox

(a) Residence: No. 770 E. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Odd Jobs.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Joe Cox
14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Esther
16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb 11 19 36

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Franklin Ave

20. FILED FEB 11 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/27 1935 to 2/7 1936

I last saw him alive on 2/7 1936 Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Baltimore Md

F 20564

20564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1245 Bull St. 24-1 Ward)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret M. Bennett

(a) Residence: No. 1245 Bull St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George R Bennett

6. DATE OF BIRTH (month, day, year) Aug 23, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Otto Hlaagle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Fleischer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George R. Bennett (Address) 1245 Bull St

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date Feb 13, 1936

19. UNDERTAKER Samuel Evans (Address) Fulton & Lanvale

20. FILED [illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1936 to Feb. 10, 1936

I last saw her alive on Feb. 10, 1936 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia and Diabetes Mellitus (Indef.)	2/5/36
Other contributory causes of importance: Exhaustion	2/9/36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) R. H. Campbell M. D.

2/10/36 (Address) 1644 Hanover St

20565 Mail transcript to Mrs John Ulrich 2008 Orleans St for Herminie Lopez

E 20565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 N Monroe St., 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachael C. Michael

(a) Residence: No. 1525 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Michael

6. DATE OF BIRTH (month, day, year) Mar. 22 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Wilpers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Frees

(Address) 1529 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cem. Date Feb 12 1936

19. UNDERTAKER Josiah Syber

(Address) 1600 W. Baltimore

20. FILED FEB 11 1936, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Feb 9, 1936

I last saw h W alive on Feb 9, 1936. Death is said to have occurred on the date stated above, at 4-20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Chronic valvular heart dis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest A. Rahe M. D.

(Address) 3005 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 20566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 18

Registered No. F 20566

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 70-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Marshall

(a) Residence: No. 1939 Christian St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 30 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Marshall

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emily Jona

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/11, 1936

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Fulton

19 Registrar.

B 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1936, to Feb 8, 1936

I last saw h[illegible] alive on Feb 8, 1936 Death is said to have occurred on the date stated above, at 2½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Meningococcus meningitis	2-4-36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Signed Francis D'Schwein Lee M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 20567 F 20567

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 25

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-1 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude Love (Love)

(a) Residence: No. 936 Warner St., St. Ward. 22

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — married

6. DATE OF BIRTH (month, day, year) 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chauncey Ga

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Person Love

(Address) 936 Warner St

18. BURIAL, CREMATION, OR REMOVAL

Place Chauncey Ga Date 2/14 1936

19. UNDERTAKER Sarah L Brown Son

(Address) 1054 W Montgomery St

FEB 11 1936 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1 1936, to February 10 1936

I last saw her alive on February 9 1936 Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous salpingitis	12/23
Tuberculous peritonitis	12/23

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 11, 1936

For what disease or injury?

Name of operation Explor. laparotomy Date of 1/11/36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No Specify

(Signed) [illegible] M.D.

(Address) University Hospital

M. D. B. 1268-9

F 20568

F 20568 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1249 Wash. Blvd. St., 21-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Pearl S. Goodrich

If U. S. Veteran specify WAR _____

(a) Residence: No. 1249 Wash. Blvd. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Goodrich

6. DATE OF BIRTH (month, day, year) Dec. 5th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Crawford

14. BIRTHPLACE (city or town) (State or country) Indianapolis Ind,

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Eugene Goodrich

(Address) 1249 Wash. Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Co. Date 2/13/ 1936

19. UNDERTAKER John J. Bowers & Son

(Address) 224 E. Fayette St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry found that said deceased came to her death on the day stated above, at 7.30 P.M.,

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 9th. 1936

Other contributory rauses of importance:

Was an operation performed? No, Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Paralysis Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? _____ Date of injury _____ 19 ___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify _____

(Signed) Thos. J. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave.

INFORMATION OF DEATH is very important. See instructions on back of certificate.

F 20569

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20569

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 S. Charles St. 23 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha M. Wolff

(a) Residence: No. 1007 S. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Wolff

6. DATE OF BIRTH (month, day, year) Aug. 6, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl F. Martin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Myrtle V. Wolff

(Address) 1007 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 14, 1936

19. UNDERTAKER John F Denny

(Address) 715 Light St

FILED Feb 14 1936, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1935 to Feb. 10, 1936

I last saw her alive on Feb. 10, 1936 Death is said to have occurred on the date stated above, at 0.45 p. m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Indef. — Date of onset 7/9/06

Other contributory causes of importance:

Euthanasia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Campbell M. D.

2/11/36 (Address) 1647 Hanover St

F 20570

F 20570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 2357 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cephas Dixon
If U. S. Veteran specify WAR .....

(a) Residence: No. 15 E. Henrietta St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche V. Dixon

6. DATE OF BIRTH (month, day, year) 3-9-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hezekiah Dixon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Barbara J. Harrison

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Solomon's Md. Date Feb 12, 1936

19. UNDERTAKER John F. Leary
(Address) 713 Light St

19. FILED Feb 11 1936, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/8, 1936 to 2/10, 1936

I last saw him alive on 2/10, 1936. Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

20571 F 20571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 S. Caroline St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos ... ds.

2. FULL NAME Oliver (Unknown)

If U. S. Veteran specify WAR .....

(a) Residence: No. 527 S. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. or Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med School Date Feb 1 19 36

19. UNDERTAKER Commissioner Health

(Address) per Wm F. McDonald

20. FILED ... 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably exposure + alcoholism	
Other contributory causes of importance: Methylalcohol poisoning	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. W. Wright M. D.

Coroner

(Address) 1010 S. Eliot Ave

OCCUPATION is very important. See instructions on back of certificate.

2090 THE ... CORP.

M. D. B 1268-9

20572

F 20572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 250 S. Carlin St. 3-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Graham (Palmer)

(a) Residence: No. 250 S. Carlin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~none~~ none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT X
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Med. School Date Feb. 1 , 19 31

19. UNDERTAKER Baltimore City Health Dept.
(Address) Pvt. Wm. E. Woodall

20. FILED ..... , 19 ..... Registrar.

2051

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 , 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chronic myocarditis	

Other contributory causes of importance: Probably adipose degeneration

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

20573

F 20573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. en route to Bon Secours Hospital St. 17-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Ruth (Dave Ruff) If U. S. Veteran specify WAR .....

(a) Residence: No. 718 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) May

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. automobile washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kershaw South Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Louise Ruth
(Address) 718 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Bon Secours Date Feb 11 1936

19. UNDERTAKER Geo. Brissette Sons
(Address)

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	

Other contributory causes of importance: myocardial failure

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. W. Mayo M. D.
Coroner

(Address) 1010 S. Bethesda Ave

OCCUPATION is very important. See instructions on back of certificate.

2092 THE MORGUE

M. D. B. 1268-9

F 20574

20574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Carrollton Ave St., 12th Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME John W. Hunter

(a) Residence: No. 1000 Carrollton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT ?

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Lawn Cem Date Feb. 19 30

19. UNDERTAKER .....

(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or (Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Unknown Coroner, M. D.

(Address) 12th District

OCCUPATION IS very important. See instructions on back of certificate.

Feb 1930

20574 CITY MORGUE

M. D. B 1268-9

F 20575

20575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Charles & Lafayette St., 17-5 Ward)

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME W. Smith

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Feb 11 1936

19. UNDERTAKER ...
(Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of head	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1-27-1936

Where did injury occur? Back to me
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Gun shot wound to

Nature of injury Head

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Chas. B. Gallagher M. D.
Coroner

(Address) 1031 St Paul St

See instructions on back of certificate. OCCUPATION is very important.

1936 2055

M. D. B 1268-9

20576

F 20576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ____ St., 5-2 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Patrick Donovan

U. S. Veteran (specify WAR)

(a) Residence: No. 302 N. Ensor St St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
(?) 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Date Feby, 1936

19. UNDERTAKER
(Address)

20. FILED ____, 19____ Registrar

1936

2056

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ____ thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ____ find that said deceased came (Inquest, Autopsy or Inquiry) to ____ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension

Was an operation performed? ____ Date of ____

For what disease or injury?

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Chas B Wallace M. D.
Coroner

(Address) ____

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 20577

20577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. H-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred work yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Moore

If U. S. Veteran specify WAR

(a) Residence: No. 126 Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	mar

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) mar

FATHER

13. NAME mar

14. BIRTHPLACE (city or town) (State or country) mar

MOTHER

15. MAIDEN NAME mar

16. BIRTHPLACE (city or town) (State or country) mar

17. INFORMANT mar
(Address) mar

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Feb 11 1936

19. UNDERTAKER
(Address)

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lacerated wound of right hip - involving Sciatic nerve & hip. Hemorrhage. Secondary Anemia	1/24
	36

Other contributory causes of importance: mar

Was an operation performed? mar Date of

For what disease or injury? Gall stone removed

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-24 1936

Where did injury occur? 126 Pearl ST (Rear)
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Gall stone removed

Nature of injury Lacerating wound - Loss of Blood

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. S. Allen M. D.

(Address) 501 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

2057 HE MOH

M. D. B 1268-9

F 20578

20578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

190

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 E Fayette St. 5-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Unknown

(a) Residence: No. 1218 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col—	unk

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unk

6. DATE OF BIRTH (month, day, year) about 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unk

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Police Records—N. E
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Febr , 19

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23 , 19 3

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	1/23
Exposure	1/3
Other contributory causes of importance:	

Was an operation performed? none Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo S. Allen M. D.
Coroner

(Address) 501 Augusta St

1936

2058 THE MORGUE

See instructions on back of certificate. — OCCUPATION is very important.

F 20579

20579 HEALTH DEPARTMENT—CITY OF BALTIMORE

159

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH 710 Carroll St. St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby boy Weesner

(a) Residence: No. 710 Carrol St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Newborn

6. DATE OF BIRTH (month, day, year) Feb. 7, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 19 hrs. or min.
X	X	X	X	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Howard Leonard Weesner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Dolores Savegnes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jd med School Date Feb 11, 1936

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar

J. K. [illegible] Coroner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 , 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 , 1936 to Feb. 7 , 1936

I last saw him alive on Feb. 7 , 1936 Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Newborn 2-7-36 (1:40 AM)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Sutton M. D.

(Address) Univ. Hosp.

20553 THE MORGUE

F 20580

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 20580

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Victor Rawlins

(a) Residence: No. Florence Crittenden Home St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-13-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Marie Rawlins

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place U of Md Med School Date Feb 1936

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from JAN 29 1936 to JAN 31, 1936

I last saw h[illegible] alive on JAN 31, 1936 Death is said to have occurred on the date stated above, at 5.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth ? Septicemia	1 day

Other contributory causes of importance.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Martha K Reese M. D.

(Address) [illegible]

2100

M. D. D. 1268-9

✓ F 20581

20581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Cowan

(a) Residence: No. 707 St. Paul St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U.S. Veteran

Specify WAR. World

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) 3/3/97

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME David Cowan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Josephine Bennett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. D. Ridgeley Cowan

(Address) 707 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster, Md. Date 2/12/36, 19

19. UNDERTAKER (Address) 1900 Eutaw Place

20. FILED 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10/36, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/1/36
Infection of Left Leg	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 1/1, 1936

Where did injury occur? Bucto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Eutaw Street near Laurel

Manner of injury Cut by Knife (Butcher)

Nature of injury Laceration of Left Leg.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Orin B. Wallace M. D. Coroner

(Address) 1031 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

F 20582

20582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 20-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ___ mos. 7 ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Lillian Cross Russell

(a) Residence: No. 535 N. Pulaski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles B. Russell

6. DATE OF BIRTH (month, day, year) Aug. 5, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Md

FATHER

13. NAME William Cross

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Burke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles B. Russell, Jr.
(Address) 535 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Friday Date Feby. 12 1936

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1936, to Feb. 10, 1936
I last saw her alive on Feb. 10 1936 death is said to have occurred on the date stated above, at 11:4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:
Arteriosclerotic Cardio vascular disease

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. T. Baltzley M. D.
(Address) Franklin Sq. Hospital.

F 20583

20583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 17-N Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elmore Brantley 634 W. Lanvale St.

(a) Residence: No. 1428 W. Beaver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacksonville Fla.

FATHER

13. NAME E. B. Brantley

14. BIRTHPLACE (city or town) (State or country) Pensacola, Fla

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) Jacksonville Fla.

17. INFORMANT Purcell Brantley

(Address) 1114 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med School Date Feb 11 1936

19. UNDERTAKER

(Address)

20. FILED FEB 11 1936 Harris Funeral Home

2101

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1936 to Feb 1 1936

I last saw him alive on Feb 1 1936 Death is said to have occurred on the date stated above, at 5 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Meningococcus meningitis.	1 25 36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar puncture Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D'Schwentker M. D.

(Address) Sydenham Hospital

F 20584

F 20584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Wash. Blvd. St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Genevieve A. Carson

(a) Residence: No. 912 Wash. Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of C. Clemment Carson

6. DATE OF BIRTH (month, day, year) Aug. 1st. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James E. Clark

14. BIRTHPLACE (city or town) (State or country) Irland

MOTHER

15. MAIDEN NAME Catherine Mullan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Girtrude Fritz.
(Address) 912 Wash. Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Heath. Date 2/12, 19 36

19. UNDERTAKER John. A. Moran
(Address) 3000 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb. 1936

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1039 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

20585 ✓ F 20585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2737 Mosher St. 16-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy C. Formollan

If U. S. Veteran specify WAR .....

(a) Residence: No. 2737 Mosher St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Francis C. Formollan

DATE OF BIRTH (month, day, year) Jan 4 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Owen Langville

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Susan Walthousen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Chas M. Arnold

(Address) 2737 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 14 1936

19. UNDERTAKER Margaret E. Flynn

(Address) 1432 Eutaw St Funeral Home Baltimore, Md

JUL 13 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11— 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1935 to July 11— 1936

I last saw her alive on 2/Mar 1936 Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/16/35

Other contributory causes of importance: Congestion of Lungs

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

Signed H. Lee Edwards M. D.

(Address) 10402 Charles

20586

✓ F 20586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15 ward) Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Shaw

(a) Residence: No. 1308 N Parrish St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Newborn

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 9, 1936

AGE Years	Months	Days	If LESS than 1 day, 10 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn. ond

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hospital

13. NAME William Henry Porter

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Irene Shaw

16. BIRTHPLACE (city or town) (State or country) Baltimore maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Feb 11 1936

19. UNDERTAKER .....
(Address)

20. FILED ..... 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1936, to February 9. 1936

I last saw him alive on Feb 9 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	Feb 8
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward Lazar, M. D.

(Address) Univ. Hospital

2103

F 20587

20587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Haines

(a) Residence: No. 736½ W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	S

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 8, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, 15 hrs. or min.
	—			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Glenn Edward Haines

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Lucy Strawderman

16. BIRTHPLACE (city or town) (State or country) Morefield West Va.

17. INFORMANT Lucy Haines

(Address) 736½ W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place University Md. Date Febr 11 1936

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1936 to Feb 9 1936

I last saw h/m alive on Feb 9 1936. Death is said to have occurred on the date stated above, at 9.30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 7 mos.	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Francis S. Dickey M. D.

(Address) University Hospital

2105

M. D. D. 1268-9

F 20588

20588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-P

Registered No. 20-5

1. PLACE OF DEATH Bonsecours Hospital

CITY OF BALTIMORE: (No. 2215 Ashton St., St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 4 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Warren LeRoy Cook

(a) Residence: No. 2215 Ashton St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 27th 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.,

FATHER

13. NAME Irving L. Cook

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.,

MOTHER

15. MAIDEN NAME Nina Rider

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.,

17. INFORMANT Irvin L. Cook

(Address) 2215 Ashton St.,

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 36 19

19. UNDERTAKER George E. Schwab

(Address) 2121 Reisterstown Ave

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9th 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilitation of heart	2-9-36

Other contributory causes of importance:

Exaustion while bledding.

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? fell forward, while standing Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.,

OCCUPATION is very important. See instructions on back of certificate.

F 20589

20589

HEALTH DEPARTMENT—CITY OF BALTIMORE

115-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Saint Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Sts., or Ward) 25-1

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sister Valentine Murray

(a) Residence: No. St. Agnes' Hospital St., Ward.
(Usual place of abode) Balt., Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-4-65

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sr of Charity
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) (State or country) Corning New York

FATHER

13. NAME Thomas Murray
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McCormick
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Anna Conley
(Address) St. Agnes' Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb. 12, 1936

19. UNDERTAKER Martin Eisler Moore
(Address) 186 W. Monument Ave.

20. FILED FEB 11 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/8/, 1936, to 2/10, 1936

I last saw her alive on 2/10, 1936 Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	?
Endarteritis obliterans	?
agranulocytosis & granulocytic sore throat	2/9/36

Other contributory causes of importance:
Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Carl G Markell M. D.

(Address) St Agnes Hosp

F 20590

20590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Kelly

(a) Residence: No. ___ St., ___ Ward. C
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11 1935

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Fujikawa

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Dorothy A. Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mercy Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Hope Date 2/12 36

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Eager St

FILED 2-11-1936 Hunter-Lee Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11. 1935 to Feb. 11th 1936

I last saw him alive on Feb 11th 1936 Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Possible Lobar Pneumonia	
Other contributory causes of importance:	
Prematurity	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. H. Kaufman M. D.

(Address)

M. D. B 1268-9

F 20591

20591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 Scott St. St., 21-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Shirley M. Mudd

(a) Residence: No. 329 Scott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Horace A. Mudd

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Hattie Hagner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Horace Mudd
(Address) 329 Scott St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date 2/12/ , 1936

19. UNDERTAKER Geo. Leimbach
(Address) 525 Fayette St.

20. FILED FEB 13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. Krauss Coroner, M. D.

(Address) 2757 W. Nor

M. D. B. 1268-9

F 20592

20592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. 67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4404 La Salle Ave St.. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Green

(a) Residence: No. 4404 La Salle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John W. Green

6. DATE OF BIRTH (month, day, year): May 15, 1856

7. AGE: Years 79 | Months 8 | Days 23 | If LESS than 1 day, hrs. or min. 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Wife.

10. Date deceased last worked at this occupation (month, day, year): 1934

11. Total time (years) spent in this occupation: Life.

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Miss Louise Green

(Address) 805 Hamilton Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Hemt Cem. Date: Feb. 12, 1936

19. UNDERTAKER: Easton & Sons

(Address) Belvedere & Cold Spring Lane

Filed Feb 11 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935 to Feb 8, 1936

I last saw h[illegible] alive on Feb 8, 1936. Death is said to have occurred on the date stated above, at 1.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Oct, 1935
	Feb, 1936

Other contributory causes of importance:

Cerebral Hemorrhage	Feb 1936

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William J. Reoark, M. D.

(Address) 801 N Kenwood Ave

M. D. B 1268-9

F 20593

20593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 n Eden St. 10-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Alice E. Freeman

If U. S. Veteran specify WAR

(a) Residence: No. 1205 n Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Freeman

6. DATE OF BIRTH (month, day, year) Dec 17-1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Thomas Atkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E Burns

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry Freeman

(Address) 1205 n Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Feb 13 36

19. UNDERTAKER Robert C. Williams

(Address) 515 N Bond St.

20. FILED . . 19 .

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an In query thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said In query (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Respiratory Failure	2/8/36

Other contributory causes of importance:

Inhalation of Coal gas

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2-8 36

Where did injury occur? 1205 n Eden St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Coal gas in home.

Nature of injury Respiratory Failure

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. P. Allen M. D.

Coroner

(Address) 501 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 20594

20594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 26-12 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Jackson

(a) Residence: No. Virginia near North & Rd Balto Co. Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colred	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer & farm hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parquier County Virginia

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lennie Johnson

(Address) Virginia Ave B & C Rds

18. BURIAL, CREMATION, OR REMOVAL

Place Lyn Wesley north Pk Date 2-12 1934

19. UNDERTAKER Robert E. Williams

(Address) 1515 McElderry St

20. FILED Feb 12 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

(Address)

M. D. F 20595 F 20595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Jenkins Memorial Hospital — Registered No. 17-6
CITY OF BALTIMORE: (No. 1000 Eaton Ave St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Angelus Coleman No Service.
(a) Residence: No. 2705 Clark Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eugene B. Coleman

6. DATE OF BIRTH (month, day, year) March 14, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 Yrs.	10	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER
13. NAME Patrick White
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Margaret O'Halloran
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/12 19 36

19. UNDERTAKER C. Vernon Lemmon
(Address) Park Heights

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1936 to February 10, 1936
I last saw h[illegible] alive on February 9, 1936 Death is said to have occurred on the date stated above, at 4 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	?
Chronic nephritis	?
Terminal pneumonia (Lobar)	6 days

Other contributory causes of importance:

Chronic arthritis	?
Peripheral neuritis	?
Senility & exhaustion	?

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Williamson, M. D.
(Address) Mt. Wynne Hosp.

M. D. File No. F 20596

F 20596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Southern Home & Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice P. Hopkins

(a) Residence: No. Southern Home & Hospital No Ward Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: (or) WIFE of Edwin

6. DATE OF BIRTH (month, day, year): May 6 - 1848

7. AGE: Years 87 | Months 9 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Bristol Md

FATHER

13. NAME: ? Warren

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: ? Wood

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Edwin Hopkins

(Address) Kilmarnock Va

18. BURIAL, CREMATION, OR REMOVAL: Wm Ewen, Ld-C Date Feb 12 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St.

Registered Feb 1 1936 c 7-1[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10. 1936 to Feb 9. 1936

I last saw her alive on Feb 9 - 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: Several years.

Other contributory causes of importance:

Old age.

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. C. Bluke M. D.

(Address) Med Arts Bldg

M. D. File No. F 20597

F 20597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Joan Marie Duncan

(a) Residence: No. 625 McKean Avenue St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced: HUSBAND of ... (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Feb 7th 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas A. Duncan

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary O'Keefe

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph O'Keefe

(Address) 1625 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 12th 1936

19. UNDERTAKER Wm Coale

(Address) 1217 St Paul St

20. FILED FEB 13 1936 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-7 1936 to 2-10 1936

I last saw her alive on 2-10 1936. Death is said to have occurred on the date stated above, at 11:38 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Separation of Placenta	7
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Daniel D. Shanahan M. D.

(Address) Bon Secours Hospital

M. D. F 20598 F 20598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 72-a

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 402 Greenway St., (Ward) 17-1

Length of residence in city or town where death occurred 19 yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred D. Price III

(a) Residence: No. 402 Greenway St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — No

6. DATE OF BIRTH (month, day, year) Feb 23 16

7. AGE: 19 Years | 9 Months | 18 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fred D. Price Jr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ethel Meredith

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs Meredith aunt
(Address) 402 Greenway Apt 1

18. BURIAL, CREMATION, OR REMOVAL
Place Date 2/12/36

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10 1936

22. I HEREBY CERTIFY, That I attended deceased from MARCH 1935 to 2-10 1936

I last saw h[illegible] alive on 2-10 1936. Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ac Lymphoid Leukemia	1935

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Tom F. Horse M. D.

(Address) 1129 St Paul St

F 20599

F 20599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23146-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3615 Park Heights Ave) (St.) 5-12 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Rachael Margolis

If U. S. Veteran specify WAR

(a) Residence: No. 3615 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elias Margolis

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Israel Margolis-Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern Cem Date 2/12/36

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E. Baltimore

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11/36. 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to 2/11/36 19

I last saw h[illegible] alive on 2/11/36 19 Death is said to have occurred on the date stated above, at 8 30 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	[illegible]
Pneumonia	[illegible]
Senility	[illegible]

Other contributory causes of importance:

Fracture	[illegible]

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) [illegible] M. D.

(Address) 7351 Eastern Ave

F 20600

F 20600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Collington Ave St., 8-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Beulah Lee Ford

(a) Residence: No. 1726 Collington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Ford

6. DATE OF BIRTH (month, day, year) Aug 8 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George J Venter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lotta Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Retney B Bauer

(Address) 847 S Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Feb 11 1936

19. UNDERTAKER John Ullmt

(Address) 2008 Eastern Ave

Filed FEB 12 1936 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1936 to Feb 9 1936

I last saw h W alive on Feb 9 1936 Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Metastases in Lung d. Carcinoma of Breast

Was an operation performed? ..... Date of Unknown

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jacob Fisher M. D.

(Address) 1823 N. Dast St.

F 20601

F 20601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#12086 34-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Allen

If U. S. Veteran specify WAR World War

(a) Residence: No. 826 Beven St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Estella Allen

6. DATE OF BIRTH (month, day, year) 1896?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. out of work 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 2/12 1936

19. UNDERTAKER Isaac L Brownston

(Address) 108 W Mary Owings Stamper Hamilton Ave Baltimore, Md

20. FILED 2-12-1936, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/3 1936 to 2/8 1936

I last saw him alive on 2/8 1936 Death is said to have occurred on the date stated above, at 10 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis & Anemia.	?

Other contributory causes of importance:

Was an operation performed? Date of 0 0

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Bette M. D.

(Address) Balto City Hosp.

0602

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 20602

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 E Federal St., 9-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Catherine Helmle

If U. S. Veteran specify WAR .....

(a) Residence: No. 1223 E Federal St. St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1855 May 13,

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	8	28 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Henry Birkenstock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Bear

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Walter L. Barker

(Address) 1223 E Federal St.

18. BURIAL, CREMATION—OR REMOVAL

Place Baltimore Co. Date Feb 14, 1936

19. UNDERTAKER Edward W. Conklin

(Address) 924 E. Eager St.

20. FILED ... 19 ... Registrar

FEB 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1936 to Feb 10, 1936

I last saw her alive on Feb 10 1936 Death is said to have occurred on the date stated above, at 7½ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	2 Days

Other contributory causes of importance:

Senility.	
Arteriosclerotic Heart Disease.	5 Yrs.

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) James E. White M. D.

(Address) 5102 Harford Rd.

20603

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20603

CERTIFICATE OF DEATH.

93-c

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2105 Ellamont Ave St. 15-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME St. John Schaefer

(Residence in Baltimore: No. 2105 Ellamont St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH, June 24 (Month) (Day), 1837 (Year)

7-AGE. 76 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. John C. Schaefer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER: Mary Simone

13-BIRTHPLACE OF MOTHER (State or Country): France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C. E. Hobson

(Address) 2105 Ellamont Ave

15-

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11 (Month) (Day), 1914 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D. (Coroner.)

....., 191... (Address) 2105 Ellamont St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. | DATE OF BURIAL, 4/13 19.14

20-UNDERTAKER Josiah Sykes | ADDRESS 1600 E Baltimore

20604 12078 F 20604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore, City Hospital St. 10-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susanna Butler

(a) Residence: No. 734 Hempel Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Exact date Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) St Marys County Md

FATHER

13. NAME ? Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Feb 12, 1936
Place Date

19. UNDERTAKER Robert L. Young
(Address) 804 N. Caroline St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1936 to 2/8, 1936

I last saw her alive on 2/8, 1936 Death is said to have occurred on the date stated above, at 10 05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Myocardial insufficiency	Unknown
Bronchopneumonia	2 days ago

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Date of .....

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. A. de Santelle M. D.

(Address) Baltimore City Hosp.

M. D. B 1268-9

20605

Minnie A Pettie

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20605

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 331 S. Calhoun St., 19-3 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie A. Pettie

(a) Residence: No. 331 South Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: William A Pettie

6. DATE OF BIRTH (month, day, year): March 3-1885

7. AGE: Years 51 | Months 11 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Frank Lupfinger

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: William A Pettie

(Address) 331 S. Calhoun st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 14th 1936

19. UNDERTAKER: A. Jones

(Address) 111 S. Gilmor st

20. FILED ..... 19 ..... Registrar. DLG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb-10 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquest thereon and from the evidence obtained by said Inquest and Inquiry found that said deceased came to her death on the day stated above, 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho-Pneumonia	Feb. 2-1936
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H Phillips Coroner M. D.

(Address) 1939 Edmondson ave

20606

HEALTH DEPARTMENT—CITY OF BALTIMORE

20606

82-3

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 E. Chase St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. — mos. — ds. How long in U. S. If of foreign birth? 51 yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adam Fleckenstein

(a) Residence: No. 1219 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of ~~(or)~~ ~~WIFE of~~ the late Margaret Fleckenstein

7. DATE OF BIRTH (month, day, year): Sept 17 1868

8. AGE: Years 67 | Months 4 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Restaurant Proprietor

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Krombach Ueber Forstfeld Bavaria Germany

MOTHER FATHER

13. NAME: John Fleckenstein

14. BIRTHPLACE (city or town) (State or country): Farmer.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mr. Michael Mueller
(Address) 219 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Cemetery Date Feb 14 1936

19. UNDERTAKER: Henry Heck (Inc), Inc.
(Address) 1301 E. Eager St. Hunter Williams, Reg.

20. [illegible] 1936 Registrar.

12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1936 to Feb 11 1936

I last saw him alive on Feb 10 1936. Death is said to have occurred on the date stated above, at 5.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Feb 7 36
(Pneumonia Acute)	

Other contributory causes of importance:

Unconscious Immediately	10 hrs
+ General arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? P.M. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John T. Hynes M. D.

(Address) 504 Cathedral St.

F 20607

F 20607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3546 Poole St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Bradley

(a) Residence: No. 3546 Poole St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mizzie E. Bradley

6. DATE OF BIRTH (month, day, year) April 9, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landscape Gardner 0856

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John H. Bradley

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Isabella Wilson

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mizzie E. Bradley

(Address) 3546 Poole St.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Feb 13, 1936

19. UNDERTAKER Thompson & Son

(Address) 36-15-17 E. Lanvale St.

FILED 19 Registrar

12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1936 to Feb 11, 1936.

I last saw him alive on Feb 11, 1936. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Cardiac Hypertrophy & Dilatation

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Thomas Bachmeier M. D.

(Address) 3711 Reisterstown Rd.

F 20608

F 20608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-94-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Ensor St. 10-2 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Anna Jackson Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 922 N Ensor St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

6a. If married, widowed, or divorced WIFE of Wesley Johnson

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Americus Ga

MOTHER

13. NAME Nuggie Henderson

14. BIRTHPLACE (city or town) (State or country) Americus Ga

FATHER

15. MAIDEN NAME Mollie Black

16. BIRTHPLACE (city or town) (State or country) Americus Ga

17. INFORMANT Otis Bell

(Address) 516 Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Americus Ga Date 2/15 1936

19. UNDERTAKER Robt E. Williams

(Address) 1515 McElroy St. Atlanta for Williams, Ga

20. FILED ... 19 ... Registrar.

F 1036

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	2/10/36
Other contributory causes of importance:	

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo. F. Allen M. D.

Coroner

(Address) 517 Augusta Ave

F 20609 # 12038 F 20609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Tharle

(a) Residence: No. 1516 McHenry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella W. Tharle (nee Cooper)

6. DATE OF BIRTH (month, day, year) 12-13-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huxter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Matilda

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 12 1936

19. UNDERTAKER Harry Fluhr & Son
(Address) 4101 Eastern Ave

Filed FEB 12 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1 1936 to 2/8 1936

I last saw him alive on 2/8 1936 Death is said to have occurred on the date stated above, at 12 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 wks.
Meningitis; pneumococcus	3 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 20610

20610 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Mc Henry St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Cecilia Lippey

(a) Residence: No. 1516 Mc Henry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of George Lippey

6. DATE OF BIRTH (month, day, year) Jan. 1, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Matilda Cecilia Jones

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Grace Bradley (Daughter)
(Address) 1817 Ramsay Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/13/36 19

19. UNDERTAKER Harry H Cuitzke
(Address) 401 Edmondson Ave

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1936 to Feb 10 1936

I last saw her alive on Feb. 10 1936 Death is said to have occurred on the date stated above, at 9:15 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset unknown

Other contributory causes of importance:

generalized senile arteriosclerosis — unknown

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Nathan Racusin M. D.

(Address) 206 S. Gilmor Street

F 20611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20611

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Ford

(a) Residence: No. 2914 W. Lafayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-3-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 45 min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bon Secour Hospital Baltimore, Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Evelyn Dunn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 2/12 '36

19. UNDERTAKER J. J. Fahey & Co.

(Address) 1318 Light

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1936 to 2-4 1936

I last saw him alive on 2-4 1936 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2-3-36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. B. Josey M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 20612

20612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospital St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Dorman

(a) Residence: No. Anchorage Hotel Broadway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Feb 6 1892

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	44	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Mary Stewart

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Hospital rec

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date 2/13 19 36

19. UNDERTAKER Fuhrey & Son

(Address) 1618 Linden Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address) 1010 S. Eutaw St

20613

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20613

CERTIFICATE OF DEATH

i 93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hospital St. 16-S Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR .....

2. FULL NAME Frances (Frank) Chincarini Chincarini

(a) Residence: No. 3608 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Feb 16 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Truck house B & O R.R.
10. Date decedent last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moleesine (Varna) Italy

FATHER

13. NAME Frances (Joseph)
14. BIRTHPLACE (city or town) (State or country) Varena Italy

MOTHER

15. MAIDEN NAME Antonia (Veteran) Frimeterra
16. BIRTHPLACE (city or town) (State or country) Varena Italy

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Hope Date 2/13 36

19. UNDERTAKER J. J. Fahey & Co
(Address) 1218 Light St

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy, or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D. Coroner
(Address) 1020 S. Edwards Ave

M. D. R. 1368-2

20614

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 20614

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 N. Bond St., 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Stass

(a) Residence: No. 532 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Gust. Stass

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julia Deer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Stass
(Address) 532 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 2-13, 1936

19. UNDERTAKER Fred Jones Son
(Address) 220 E. Baltimore

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1936, to 2/11, 1936

I last saw her alive on 2/10, 1936 Death is said to have occurred on the date stated above, at 1:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	
Other contributory causes of importance:	
Ch. Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. L. Hornstein, M. D.

(Address) 733 Aisquith St

20615 ✓ F 20615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 725 S Curley St. 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jakob Etmanski Jr.

If U. S Veteran specify WAR

(a) Residence (No. 725 S Curley St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Etmanski

6. DATE OF BIRTH (month, day, year): 1863

7. AGE: Years 73; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME: Jakob Etmanski

14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

15. MAIDEN NAME: Unk.

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Martha Gralewska

(Address) 725 S Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: Feb. 14 1936

19. UNDERTAKER: F. W. Ozgourty

(Address) 1930 Eastern Ave

20. FILED: 2-12-1936

By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1936 to Feb. 11, 1936.

I last saw him alive on Feb. 11, 1936 Death is said to have occurred on the date stated above, at 10:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feb. 1

Other contributory causes of importance:

arterio-sclerosis

Was an operation performed? no Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John J. Kreger M. D.

(Address) 2617 E Eastern Ave

M. D. B. 1268-9

✓ F 20616

20616 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-8

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2213 Maisel St., 25-3 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Straub

(a) Residence No. 2213 Maisel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Amelia Straub

7. DATE OF BIRTH (month, day, year) June 6, 1879

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marketman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Holling Market

10. Date deceased last worked at this occupation (month and year) February 1936

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Straub

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Stuckertt

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Sarah A. Straub

(Address) 2213 Maisel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 15, 1936

19. UNDERTAKER Pat J. Cook

(Address) 1005 E. Baltimore St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Inquiry, 19 to 19

I last saw h[illegible] alive on 19 Death is said to have occurred on the date stated above, at 12.05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Name of operation No, Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1959 Edmondson Ave.

F 20617

F 20617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4400 Penhurst Avenue St. 28-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Erwin Julius Pfeffer

(a) Residence: No. 4400 Penhurst Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 5, 1888

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	47	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Books
10. Date deceased last worked at this occupation (month and year) January 10, 1936
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME August Pfeffer
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Christina Ermold
16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. George F. Pfeffer
(Address) 4001 Chesham Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 12, 1936

19. UNDERTAKER Welsh & Kook
(Address) 1003 E. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1936 to Feb 10th 1936
last saw h[illegible] alive on Feb 9th 1936 death is said
to have occurred on the date stated above, between 1 & 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Pericarditis	
Pneumonia (Thrombotic)	

Other contributory causes of importance:
Arteriosclerosis
Angina Pectoris

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. V. Stapler M. D.
(Address) 5208 Ludgum Park Ave

20618

0618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#10064 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-2 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hattie Parham

(a) Residence: No. 1218 Stricker St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of Robert
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb.-1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Henry Jordon

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Frances Stewart

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records of Balto City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md. Med School Date Feb 12, 1936

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar

2166

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1936 to 2-7, 1936

I last saw h[illegible] alive on 2-7, 1936 Death is said to have occurred on the date stated above, at 10 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix c Extension to Vagina & rectum	?
Other contributory causes of importance: Examination	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If [illegible]

(Signed) Robt F Martin M. D.
(Address) Balto City Hospt

✓ F 20619

20619

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 76-12 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Patrick Calloway

(a) Residence: No. Lodging Housee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 5-2-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Campbell Co., Va.

FATHER

13. NAME Call Marshall

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Calloway

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med School Date Feb 12 19 36

19. UNDERTAKER
(Address)

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19..., to 2/9, 1936

I last saw him alive on 2/9, 1936 Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (?)	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

2107

✓ F 20620

0620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR.....

2. FULL NAME James Wilkins

(a) Residence: No. 1206 E. Orleans st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) July 6, 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Wilkins

14. BIRTHPLACE (city or town) (State or country) South Caroline

MOTHER

15. MAIDEN NAME Annie Pherson

16. BIRTHPLACE (city or town) (State or country) North Caroline

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Md. School Date Feb 12 19 36

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar

2108

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 , 1936

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1936 to Feb. 9, 1936

I last saw h im alive on Feb. 9, 1936 Death is said to have occurred on the date stated above, at 11.25 m.p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Arthur Karlsin, M. D.

(Address) Baltimore City Hospitals

F 20621

20621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. N. Boro. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Crawford

(a) Residence: No. 1529 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 2-8-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hosp

FATHER

13. NAME John H. Crawford

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Thelma Smithson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sh Med School Date Feb 12, 1936

19. UNDERTAKER
(Address)

20. FILED ... Registrar

2169

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1936 to 2-9, 1936

I last saw h~~im~~ alive on 2-9 1936 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 2-8-36

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. B. Josey M. D.

(Address) Baltimore City Hospitals

A4Co. 5-11 2500

20622

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 20622

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Franklin Sq. Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md. St. 27-6 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lawrence Seeberger.

(a) Residence: No. 5306 Hamlet Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009
10. Date deceased last worked at this occupation ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER
13. NAME Conrad Seeberger
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Margaret Goessman
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad Seeberger
(Address) 5306 Hamlet Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Brooklyn 2/14 1936

19. UNDERTAKER Leonard J. Roach
(Address) 5305 Harford Rd

20. FILED 2-12 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936 to Feb 11, 1936.
I last saw him alive on Feb 11 1936 death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Perforated Appendicitis	2/4/36
Generalized Peritonitis	2/4/36
Other contributory causes of importance:	
Paralytic Ileus	2/8/36

Name of operation Appendectomy Date of 2/8/36
What test confirmed diagnosis? Oper. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? None.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? Not so, specify ...

(Signed) D. D. Caplea, M. D.
(Address) Franklin Sq. Hosp.

(Error) ✓ F 20623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. 46-C

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Ervin — If U. S. Veteran specify WAR .....

(a) Residence: No. Xenia Ohio St., Veal Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily McAllister

6. DATE OF BIRTH (month, day, year) 8/2/70

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. operator of grain elevator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana Ohio

MOTHER

13. NAME Unknown Durand

14. BIRTHPLACE (city or town) (State or country) unknown

FATHER

15. MAIDEN NAME Durand unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Xenia, Ohio Date Feb 12, 1936

19. UNDERTAKER Columbus Mitchell & Sons (Address) 1900 Eutaw Place

Administration (Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1936, to Feb 12, 1936

I last saw him alive on Feb 12, 1936 Death is said to have occurred on the date stated above, at 10 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, ascending Colon	—
Pneumonia, post-operative	2-8-36
Peritonitis, post-operative	2-3-36

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 3-1936

For what disease or injury? Carcinoma, ascending Colon

Name of operation Resection, transv. Colon Date of 2-3-36

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David H Sprong Jr M. D.

(Address) Johns Hopkins Hospital.

F 20624

F 20624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32-c

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 12-6
CITY OF BALTIMORE: (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME James C. Ray

(a) Residence: No. 211 Walnut St., Philadelphia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wiper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman Motor
10. Date deceased last worked at this occupation (month and year) 11-30-35
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oklahoma City Okla.

FATHER

13. NAME James Ray
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Ruth Geneva Scott
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL.
Place St Mary's Cemetery Date 2-12-36 19
19. UNDERTAKER Mendell & Burkhardt
(Address) 824 N. Broadway
Filed 2-12-36 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1935 to February 7, 1936
I last saw him alive on February 7, 1936 Death is said to have occurred on the date stated above, at 6:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polyserositis, tuberculous	7 mos.
Cirrhosis, atrophic, of liver	Unknwn

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/18 & 31/36
For what disease or injury? Polyserositis
Name of operation Thoracentesis & Paracentesis Date of 1-18-36 1-31-36
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. B. Y. a clinic. M. D.
(Address) U.S. Marine Hospital, Balto.

20625 ✓ F 20625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3326 Burleith Ave St., 15-5 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Bohles

(a) Residence: No. 3326 Burleith Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of Jacob Bohles

6b. DATE OF BIRTH (month, day, year) Oct 9 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mahlstadt Germany

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME ? Mary

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs E. Paul Bohles

(Address) 3326 Burleith Ave

18. BURIAL, CREMATION, OR REMOVAL Mount Cathedral Date Feb 13 1936

19. UNDERTAKER John F. Jenkins Sons

(Address) Funeral Home

20. FILED Feb 14 1936, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1935 to Feb 11, 1936

I last saw h alive on Feb 10, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asystole	2/11/36
Hypertension	1 yr
Chr Interstitial Nephritis	15 yrs

Other contributory causes of importance: Pulmonary Oedema 2/7/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Nature of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of Injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James R. Lazenby M.D.

(Address) 721 Medical Arts Bldg

F 20626

F 20626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#12144 93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 ~~Life~~ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Eaton

(a) Residence: No. ~~826~~ W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hettie T. Eaton

6. DATE OF BIRTH (month, day, year) ~~Dec~~ Jan 22 1861

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Coffee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grand Union Tea Co.

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Maryland~~ Shrewsbury Pa

FATHER

13. NAME Wm Eaton

14. BIRTHPLACE (city or town) (State or country) Pa Pa

MOTHER

15. MAIDEN NAME Barbara Bailey

16. BIRTHPLACE (city or town) (State or country) Pa Pa

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Shrewsbury Pa Date Feb 14 1936

19. UNDERTAKER Wm J Tuskey & Sons
(Address) North & Pa Ave

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11/1936

22. I HEREBY CERTIFY, That I attended deceased from 2/6/1936 to 2/11/1936

I last saw him alive on 2/11/1936. Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 mo.
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp

M. D. R. 1268-9

F 20627

0627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH 616 St. Dunstan Rd

CITY OF BALTIMORE: (No. Baltimore St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Wiley

(a) Residence: No. 616 St. Dunstan Rd Visiting St., Ward. White Hall Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hannah C. Wiley

7. DATE OF BIRTH (month, day, year) Jan 2 1869

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month, day, year) Oct 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME OF FATHER Jackson Wiley

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME OF MOTHER Margaret Ashton

16. BIRTHPLACE (city or town) (State or country) Balto. Co Md

17. INFORMANT Mrs. Hannah C. Wiley

(Address) White Hall Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Cem Date Feb 15 1936

19. UNDERTAKER P. Markland Low

(Address) White Hall Md

20. FILED Feb 15 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1935 to Feb 12 1936

I last saw h alive on Feb 12 1936 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 yrs

Other contributory causes of importance:

Cirrhosis of Liver

Name of operation Prostatectomy Date of Nov 15

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

20628 ✓ F 20628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. Calvert & Saratoga St. 5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Charles Holland

(a) Residence: No. 1320 E. Lexington St., Ward. M
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Holland

7. DATE OF BIRTH (month, day, year) Nov. 22 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Yard
10. Date deceased last worked at this occupation (month) Sept. (day) 20 (year) 1935
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Mary Holland
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lillian Holland
(Address) 1320 E Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place 711 Calvary Date 2/13 1936

19. UNDERTAKER Rayne Sanders
(Address) 1413 E. Preston St

20. FILED 2-13-1936 Apr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1935 to Feb. 10, 1936
I last saw h. alive on Feb. 9 1936 Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	abt 1 wk. before death
Emphysema	abt 1 yr. before death
Other contributory causes of importance:	

Was an operation performed? Aspiration Sept. 20, 1935 Drainage Jan. 10, 1936
For what disease or injury? Empyema
Name of operation Aspiration & Drainage Date of 9/20/35 & 1/10/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. N. Jacky M. D.
(Address) Mercy Hospital

M. D. B 1268-9

F 20629

20629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 South Stockton St., 18-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Darsey

(a) Residence: No. 119 S. stocton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown Darsey

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
99	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Darsey

(Address) 119 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place U of M Med School Date Feb 12 19 36

19. UNDERTAKER .....

(Address) .....

20. FILED Feb 13 19 36 [illegible] Registrar

2112

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 - 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above. 1030 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Senile

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

M. D. B. 1268-9

F 20630

20630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Mondawmin Ave St., 13 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lilly Schioffino

(a) Residence: No. 3302 Mondawmin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Prospero Schioffino

6. DATE OF BIRTH (month, day, year) aug 30 1866

7. AGE Years 69 Months 5 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Bruno Momentty

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emelie Wohling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs L Da Momentty

(Address) 3302 Mondawmin

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/13/36

19. UNDERTAKER Edward J Fanning

(Address) Poplar Grove St

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936 to Feb 11 1936

I last saw her alive on Feb 10 1936 Death is said to have occurred on the date stated above, at 9:54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinoma	
Breast carcinoma about 11 years ago	
Other contributory causes of importance:	
Malignant leucheria	

Name of operation Breast removed 11 years ago Date of

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John W. Ireland M. D.

(Address) 1219 Poplar Grove St.

M. D. B 1268-9

F 20631

631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 05 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret A. Holzerman

(a) Residence: No. 1906 W. Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Holzerman

6. DATE OF BIRTH (month, day, year) Jan. 29, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Chas. Sheehan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine O Neile

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Miss E. M. Holzerman

(Address) 1906 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/12/36

19. UNDERTAKER F. B. Wippert & Son

(Address) 320 Eutaw Place

20. FILED ..... 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry 9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] Coroner. M. D.

(Address) 237 N. Dodon

F 20632

0632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Chesapeake ave 25-4 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... Enlisted

2. FULL NAME John E Chase

(a) Residence: No. 1702 E Chesapeake St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

3. If married, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Viola Chase

DATE OF BIRTH (month, day, year) Feb - 13 - 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 1040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all kinds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Charles Co Maryland

12. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Viola Chase

(Address) 1702 Chesapeake

18. BURIAL, CREMATION, OR REMOVAL

Place Holly Cross Date 2/13/36

19. UNDERTAKER Robert E Williams

(Address) 15-10 Mareellus st

Filed ..... Hamilton Williams M.D. Registrar.

2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 10. 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/15 1935 to 2/10 1936

I last saw ~~him~~ alive on 2/10 1936 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic myocarditis	
b Chronic Nephritis	
c Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) David Drucker M. D.

(Address) 142 W Lee

M. D. B. 1268-0

✓ F 20633

20633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 E Fort ave St., 24th Ward.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael H. Koon

(a) Residence: No. 423 E Fort ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Cunningham Koon

6. DATE OF BIRTH (month, day, year) January 12 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Sheriff

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc City 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Koon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Coyne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Elizabeth Koon (wife)
(Address) 423 E Fort ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Feb 13, 1936

19. UNDERTAKER Margaret Flynn
(Address) 2407 N. Milton Ave

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 7 1936 to February 10, 1936

I last saw h... alive on February 9, 1936. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	2d
Myocarditis Decompensated	2d
Bronco Pneumonia	2d
Senile Senility	2d
Hypostasis	2d
Other contributory causes of importance:	
Chr Interstitial Nephritis	2d

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. F. A Stevens, M. D.

(Address) 2878 Hartford Rd

M. D. B 1268-9

20634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 20634

1. PLACE OF DEATH
CITY OF BALTIMORE (No. en route to Greatrun City Hospital 76-12 Ward) 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Carl Matthews Jr.

(a) Residence: No. Back River Neck Road Brest, P. O. (Essex) Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Dec 18 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) ... 11) Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Essex, Balto Co. (State or country) Md.

FATHER

13. NAME John Carl Matthews

14. BIRTHPLACE (city or town) Balto Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Genevieve Lubaker

16. BIRTHPLACE (city or town) Balto Co. (State or country) Md.

17. INFORMANT parents
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Holy Redeemer Date 7/13 1936

19. UNDERTAKER Johnson Community
(Address) Essex Md.

20. FILED 7/13 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (primary)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) V. W. Wright M. D.
Coroner.

(Address) 1010 S. Ellwood Ave.

F 20635

20635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 7-14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Goodwood Gardens Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Taylor

(a) Residence: No. 305 Goodwood Gardens st. Ward. 10 War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced (or) WIFE of: Frank J. Taylor

6. DATE OF BIRTH (month, day, year): Feb 24th 1877

7. AGE: Years 58 | Months 11 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cecil Co— Md.

MOTHER

13. NAME: Caroline E. Reeves

14. BIRTHPLACE (city or town) (State or country): West Point Md

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

FATHER

13. NAME: William L. Potter

14. BIRTHPLACE (city or town) (State or country): ? Md

17. INFORMANT: Mrs Wm L Alexander

(Address) 1100 - Park ave - N.Y. City.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Feb 13th 1936

19. UNDERTAKER: Wm Cook

(Address) 1217 - St Paul st

19. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 11th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1936, to Feb. 11, 1936

I last saw her alive on Feb. 11, 1936 Death is said to have occurred on the date stated above, at 6:35 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 2/1/36

Other contributory causes of importance:

none

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Benj. M. Baker, Jr. M. D.

(Address) 9 E. Chase St.

F 20636

F 20636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balt City Hospitals St., 36-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME George Yeager

(a) Residence: No. 421 S. Macon St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) Aug 13 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery Cooper
10. Date deceased last worked at this occupation (month and year) 1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Norman Yeager (son)
(Address) 421 S. Macon St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Feb. 17 1936

19. UNDERTAKER George W. Zehler
(Address) 1737 E. Eager St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy, Inquiry) thereon and from the evidence obtained, by said inquest, (Inquest, Autopsy, Inquiry) find that said deceased came to his death on the day stated above:

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	

Other contributory causes of importance:
Contusion of lumbar region

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 2 1936
Where did injury occur? Balto Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at home
Manner of injury Fell down steps
Nature of injury Contusion lumbar region

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner, M. D.
(Address) ...

F 20637

20637 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1156 N. Carey St., 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Williams

(a) Residence: No. 1156 N. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Williams

7. DATE OF BIRTH (month, day, year) 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Robert Harris

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Matilda Green

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jesse Hill

(Address) 1156 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Feb 13 1936

19. UNDERTAKER V. A. Brooks

(Address) 1463 N. Carey St.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935 to Feb 10, 1936

I last saw h.er alive on Feb 10, 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Myocarditis	about 1 year

Other contributory causes of importance:

Over Taxation

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Edward J. Sheatley M. D.

(Address) 1230 Druid Hill Ave

M. D. H. 1268-9

20638

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 20638

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Brunt St., 14-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Gray

(a) Residence: No. 1721 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): 12-7-35

7. AGE — Years: — Months: 2 Days: 5 If LESS than 1 day, hrs. or min.: —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER FATHER

13. NAME James Gray

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME Gertrude Jones

16. BIRTHPLACE (city or town) (State or country): Portsmouth Va

17. INFORMANT Gertrude Gray

(Address) 1721 Brunt

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date FEB 13 1936 19

19. UNDERTAKER Thomas E Kerson

(Address) 1303 Presstman St

20. FILED FEB 13 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): Feb 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1936 to Feb 12 1936 that I last saw him alive on Feb 11 1936 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia

Date of onset: unknown

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W J Coleman M. D.

(Address) 2139 McCulloh

F 20639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20639

15

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. Lifetime

If U. S. Veteran specify WAR .....

2. FULL NAME Henrietta Kraus

(a) Residence: No. 3602 Druid Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Kraus

6. DATE OF BIRTH (month, day, year) Nov. 1, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Isaac Hamburger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Betty Hamburger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Theo. Roten (Son in law)

(Address) 4005 Dorchester Road

18. BURIAL, CREMATION, OR REMOVAL

Place Har Sinai Cem. Date Feby. 14 1936

19. UNDERTAKER Harid Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED FEB 15 1936 Hamilton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936. 19 to Feb 12, 1936.

I last saw h[illegible] alive on Feb 12 19 36. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia -	
Intestinal -	
Paralysis - Rt Foot & Leg	
Other contributory causes of importance:	
Erysipelas -	
Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Jeffrey M. D.

(Address) Sinai Hospital

F 20640

D. B. 1208-9

20640 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. 13-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Callow Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aaron M. Jacob

(a) Residence: No. 3424 Holmes Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Slusky Jacob

DATE OF BIRTH (month, day, year) Feby. 1887.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Cleaning Bus

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business. Prop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Russia

13. NAME David Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Yudas Barron

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Sam'l Sless,
(Address) 3461 Cottage Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem Date Feby. 13, 1936

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

FILED 2-12-1936 Huntington Pittman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 11. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1936 to Feb 11th 1936

I last saw h[illegible] alive on Feb. 10th 1936 Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	3 mos
Coronary Thrombosis	Feb 9

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alex Alkenstein M. D.

(Address) 4603 Park Heights Ave.

Rec. 2-29-28 1. F. S. 500 Blks. Amanda Buchanan

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20641 — CERTIFICATE OF DEATH — F 20641

REGISTERED NO. 97

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N. Carrollton Ave ST., 18-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amanda Buchanan

(a) RESIDENCE NO. 203 N. Carrollton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (~~HUSBAND of~~) (or) WIFE of John Buchanan

DATE OF BIRTH (month, day, and year) July 4th 1880

AGE: Years 55 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant

(Address)

Filed ____ . 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 1936

17 I HEREBY CERTIFY, That I attended deceased from 1-29 . 19 36 , to 2-11 , 19 36 ,

that I last saw h alive on 2 , 19 36

and that death occurred, on the date stated above, at 2:55 p. m.

The CAUSE OF DEATH* was as follows:

arterio-Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical appearance

(Signed) Wm. H. Taylor, M. D.

, 19 (Address) 239 Mosher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Federal Hill Md.

DATE OF BURIAL: Feb. 14 1936

20 UNDERTAKER: Frances A Hemsley

ADDRESS: 578 W. Fayette St

F 20642

F 20642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-W

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 N. Carrollton Ave WARD) 16-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Naomi Francis

(a) RESIDENCE NO. 636 N. Carrollton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Francis

DATE OF BIRTH (month, day, and year) 5-4-1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	8	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work wife

(b) General nature of industry, business, or establishment in which employed (or employer) Cook & housekeeping

(c) Name of employer self

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Thos. A. Dodd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Josephine A. Trusty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant (Husband) Thomas Francis

(Address) 636 N Carrollton Ave

Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-11-36

17 I HEREBY CERTIFY, That I attended deceased from 7-8-36, 19 , to 7-11-36, 19 ,

that I last saw her alive on " 19

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis, Debility

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. M. Cardozo, M. D.

19 (Address) 1524 W. Hill ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 16 1936

20 UNDERTAKER James A Hayes

ADDRESS 142 W. Hill St

F 20643

20643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Rosedale St., 16-6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ✓

2. FULL NAME Sarah Ann Evans

(a) Residence: No. 918 Rosedale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Evans

DATE OF BIRTH (month, day, year) Nov 22-1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	21 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

13. NAME OF FATHER Geo C. Hobart

14. BIRTHPLACE (city or town) (State or country) Petersburg Va

15. MAIDEN NAME OF MOTHER Mary E.

16. BIRTHPLACE (city or town) (State or country) Petersburg Va

17. INFORMANT Ben Terry Hobart

(Address) 918 Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Rut Chapel Date 2-15-36

19. UNDERTAKER F. B. Tippett & Son

(Address) 1300 Eutaw Place

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12-36

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936 to Feb 12, 1936

I last saw h[illegible] alive on Feb 12, 1936 Death is said to have occurred on the date stated above, at 2.4 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis — Date of onset [illegible]

Other contributory causes of importance:

Cardiac decompensation, mo

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Clophy Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. T. Kyper, M. D.

(Address) 3321 Eutaw Place

15 1936

F 20644

20644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 6-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N. Curley St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Speeber (Oberber) U. S. Veteran specify WAR

(a) Residence: No. 27 N. Curley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of Mary Speeber

6. DATE OF BIRTH (month, day, year) October 10, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER 13. NAME John Speeber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER 15. MAIDEN NAME Anna Obersadder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry J. Benoff (Address) 1501 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL Place St Matthews Date Feb 13 14 1936

19. UNDERTAKER John Ullrich (Address) 2008 Orleans St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Paul Schenker M. D. Coroner

(Address) 1919 E. North Ave.

F 20645

20645 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Cathedral St., 11-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran (Specify WAR) No

2. FULL NAME Judge Walter Ireland Dawkins

(a) Residence: No. 701 Cathedral St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 21 - 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer 60 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Judge

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leonardtown Md.

13. NAME OF FATHER Young Parran Dawkins

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

15. MAIDEN NAME OF MOTHER Alethea E. Dorsey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Young Parran Dawkins Waynes Towne

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 13 1936

19. UNDERTAKER (Address) H. Thieper & Sons Northern Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1933 to Feb 10, 1936

I last saw him alive on Feb 10, 1936 Death is said to have occurred on the date stated above, at 6.08 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Nephritis	1932
Prostatic Hypertrophy	1932
Chronic Cystitis	1936
	over
Other contributory causes of importance: Pulmonary Embolism	2/9/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Signs & symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Levin M. D.

(Address) 211 W. Monument St

FEB 13 1936

20646

F 20646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-108 #12196

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Green

If U. S. Veteran specify WAR

(a) Residence: No. 707 N. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Archie Green

DATE OF BIRTH (month, day, year) 3-22-~~93~~ 1898

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~40~~ 37	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Gross

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Washington

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Calvert. Cornrd Date 2/16 19 36

19. UNDERTAKER Walter R. Pugh
(Address) 1322 Harney St.

20. FILED ... 19 ... Registrar

Removing to Wilmington N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/8 1936 to 2/11 1936

I last saw her alive on 2/11 1936 Death is said to have occurred on the date stated above, at 11 ~~P~~ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

F 20647

20647 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 15-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
Was deceased ever in U. S. Army, Navy or Marine Corps? Was deceased a U. S. Veteran (Specify War or Regular)

2. FULL NAME Abraham Schreiber - 1618 Moreland Ave
(a) Residence: No. Sinai Hospital St. 1218 Moreland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rose
6. DATE OF BIRTH (month, day, year): 1881
7. AGE — Years: 54 — Months: — Days: — If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Butler Bros.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Max Schreiber
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Freida Molly —
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Friendship Date 2/13/36
19. UNDERTAKER: Jos. L. Penn Inc.
(Address) 1436 E. Baltimore St.
19 Huntington Williams Registrar.

2 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-11 1936
22. I HEREBY CERTIFY, That I attended deceased from 2-1 1936 to 2-11 1936
I last saw h. alive on 2-11 1936 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Coronary Artery	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Samuel J. Schwartz M. D.
M. D. (Address) Sinai Hospital

20648 F 20648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Runston Ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 6 mos. ..... da. How long in U. S. If of foreign birth 58 yrs. 6 mos. — da.

2. FULL NAME Sina Rubenow

If U. S. Veteran specify WAR .....

(a) Residence: No. 2018 Runston Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced (or) WIFE of Solomon Rubenow (165)

DATE OF BIRTH (month, day, year) July ? 1860?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Gen)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

13. NAME Wm. Father Shiele

14. BIRTHPLACE (city or town) (State or country) Russia.

15. MAIDEN NAME Sara ?

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT (daughter) Mrs. Rae Shiele

(Address) 2018 Runston Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodedale Date Feb 13, 1936

19. UNDERTAKER Sol Levinson & Bro.

(Address) 1127 E Balto st

Huntington Pitts Sc

FILED 19 Registrar

3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1936 to Feb 12, 1936

I last saw h alive on Feb 12, 1936 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C-V-R disease.	
Uremia.	1 wk.

Other contributory causes of importance:

Hemiplegia arteriosclerotic cerebral extravasation.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Mayer Harry Zamoiski M. D.

(Address) Mercy Hospital

D. B. 1268-9

F 20649

20649 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 S. Caret St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas D Given Thomas D. Given

(a) Residence: No. 1225 S. Caret St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of ~~(or WIFE)~~ of Isabel Given

DATE OF BIRTH (month, day, year) March 23 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watch

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

13. NAME Thomas Given

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa Ireland

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Isabella Given

(Address) 1225 S Caret St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/15/36 19

19. UNDERTAKER Edward Walter

(Address) 422 Washington Blvd

Filed ..... 19 ..... Huntington Williams, Registrar.

1311936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 12 1936

22. I HEREBY CERTIFY, That I attended deceased from JULY 7 1935 to FEB 12 1936

I last saw him alive on FEB 11 1936. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Colon ?	1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state fully .....

(Signed) Edward J. Milan M. D.

(Address) 682 Washington Blvd

M. D. B 1268-9

F 20650

F 20650 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 E. Bond St. 3-1 Ward)

Length of residence in city or town where death occurred 10 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Geinitz Geinitz

(a) Residence: No. 318 E. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oven Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kiel Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Paul Shenker

(Address) 1944 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Date Feb. 13, 1936

Place

19. UNDERTAKER HENRY SAKDER & SONS. INC. Per J. Sanders

(Address) Baltimore & Broadway.

Filed 13 1936, 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Shenker M. D.
Coroner

(Address) 1919 E. North Ave

H. D. B. 1268-9

F 20651

F 20651

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5401 Cardiff Ave. St., 26-b Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARGARET DOELFEL

(a) Residence: No. 5201 Cardiff Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John G. Doelfel

DATE OF BIRTH (month, day, year) May 2.1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Nicholas Himmelhafer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John G. Doelfel (Husband)
(Address) 5201 Cardiff Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Paul's 5th Ref. Ch. Cem. Feb. 14. 1936
Place Date ... 19

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

Filed FEB 13 1936, 19 ... Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Feb 11 1936

I last saw her alive on Feb 6 1936 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Gradual
Rheumatism	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Horace B. Tilton M. D.

(Address) 345 S. Highlandtown

ND

M. D. B 1268-9

F 20652

F 20652 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Highland Ave St. 16-H Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gottlieb Weinel

(a) Residence: No. 605 N. Highland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Hannetta Weinel

6. DATE OF BIRTH (month, day, year) Sept 4-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	-	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME William Weinel

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Weinel
(Address) 605 N. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Dorsey Date Feb 14. 1936

19. UNDERTAKER John E. Miller
(Address) 2435 E. Oliver Pl. Huntington Milwaukee

20. FILED 13 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1418 E. Baltimore Ave.

Spec. 5 M. & T.—2000 Blks.

20653 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20653

CERTIFICATE OF DEATH. X 124-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 549 Benningham Road ST.; 27-6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Watkins

(Residence in Baltimore: No. 549 Benningham Road St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, April (Month) 6 (Day), 1870 (Year)

7-AGE, 65 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Tin Plate Worker

9-BIRTHPLACE, (State or Country), Wales - England

PARENTS.

10-NAME OF FATHER, Morgan Watkins

11-BIRTHPLACE OF FATHER (State or Country), Wales, England

12-MAIDEN NAME OF MOTHER Elizabeth Ann Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Wales, England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Watkins

(Address) 549 Benningham Rd

Filed FEB 13 1936 191.... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 13 (Day), 1936 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1 1936, to February 13 1936, that I saw him alive on February 12 1936, and that death occurred, on the date stated above, at 7.30A m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the liver, Arteriosclerosis,

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac heart dilation

(Duration) 9 yrs. mos. 10 ds.

(Signed) R. O. Dellman M. D.

Feb 13..., 1936 (Address) Towson Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

~~Undertaker~~ DATE OF BURIAL. Feb 13 1936

20-UNDERTAKER John C. Miller ADDRESS 2435 E Oliver Steubenville Ohio

20654 F 20654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

408 S. Lakewood Ave.

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Lakewood ave. St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry P. Rothenberger

(a) Residence: No. 405 N. Lakewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 19th 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) City
(State or country)

MOTHER FATHER

13. NAME Joseph Rothenberger

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Sophia Platt

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mrs. Thos. J. Allen
(Address) 405 N. Lakewood ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 2/14/36

19. UNDERTAKER C. J. Fanning & Son
(Address) 1938 E. Lafayette ave.

20. FILED [illegible] 2/14/36

3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1936 to Feb. 11th 1936

I last saw h[illegible] alive on Feb 10 1936 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	10 d.
Other contributory causes of importance: Cardiac failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Physician Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. D. Keer M. D.

2/14/36 (Address) 408 Patterson Park.

M. D. F 2265-3

F 20655 ✓ F 20655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No.

1. PLACE OF DEATH Balto Md

CITY OF BALTIMORE: (No. 811-E-41 St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John McKew

(a) Residence No. 811-E-41 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 1/4/36

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Francis J McKew

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Dawson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John McKew
(Address) 811-E. 41-st

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/3 36

19. UNDERTAKER J J Frahagson
(Address) 1518 East St

13 1936 Huntington Williams No

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936 to Feb 12 1936.

I last saw him alive on Feb 12 1936. Death is said to have occurred on the date stated above, at 8.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance: Myocardial Insufficiency	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John A. Schenuch M. D.

(Address) 1337 S. Charles St.

F 20656

F 20656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Ceiling Sanatorium

CITY OF BALTIMORE: (No. 6 Chapple Gate Rd; 25-1 St.; Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Ellen E. Sheehan — No Service

(a) Residence: No. 6 Chapple Gate Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maurice Sheehan

DATE OF BIRTH (month, day, year) about March 25, 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	75	10	13 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Mother Casey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME O'Donohue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mollie Sheehan
(Address) 6 Chapple Gate Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/15 1936

19. UNDERTAKER 6 Vernon Lennon
(Address) 4011 Park Heights Ave

20. FILED 3 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1936 to Feb 9 1936

I last saw h[illegible] alive on Feb 9 1936. Death is said to have occurred on the date stated above, at 5.30 A. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Breast — Date of onset June 1928

Other contributory causes of importance:

Name of operation / Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of Injury . 19

Where did Injury occur? / (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place /

Manner of injury /

Nature of Injury /

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) O J Love M. D.

(Address) 2211 Eulaw Place

0657

F 20657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2202 E. Lombard St., 1-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... das. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sebastian W. Thum
If U. S. Veteran specify WAR

(a) Residence: No. 2202 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed or divorced HUSBAND of (or WIFE of) Katherine Thum

DATE OF BIRTH (month, day, year) Oct 4 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Trimmings
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Conrad Thum
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Kunigunda Maier
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Thum
(Address) 2202 E Lombard

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 15 1936
19. UNDERTAKER Lilly & Tucker
(Address) 703 Eastern Ave

3 1936 Huntington Williams N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 12 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1936 to Feb 12 1936. 19
I last saw him alive on Feb 11 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr
Other contributory causes of importance: Pulmonary Edema	3 days

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward A. Cook M. D.
(Address) 4132 Greenmount Ave

F 20658

20658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 6-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 n Bradford St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5y yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Francis H Ritger

(a) Residence: No. 117.n. Bradford St., 6 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Ritger

7. DATE OF BIRTH (month, day, year) Oc 20 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Marcus Ritger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Margaret Kessler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Catherine M Ritger (Wife)

(Address) 117 n Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 14 19 36

19. UNDERTAKER Lilly & Zeiler

(Address) 403 S Wolfe St

FILED 3 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to Feb 11, 1936

I last saw h alive on Feb 10, 1936 Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (Angina Pectoris)	6/1/35
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) Eugene L Lester M. D.

(Address) 514 Drury Lane

20659

✓ F 20659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 46-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 Foster Ave St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annah Linz

If U. S. Veteran specify WAR

(a) Residence: No. 3509 Foster Ave St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Andrew Linz

7. DATE OF BIRTH (month, day, year) Nov 11. 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Antoin Muth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Linz (son)

(Address) 3509 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Hearts Date Feb 15 1936

19. UNDERTAKER Lilly a Zeiler & Son

(Address) 403 So Walnut St Huntington West Virginia

FEB 13 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1936, to Feb 12, 1936

I last saw her alive on Feb 12, 1936. Death is said to have occurred on the date stated above, at 9:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Feb 12	1936
Myocarditis & Hypertension	1933

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward L. Blackman, M. D.

(Address) 3507 Fairdale

F 20660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH South Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. St., 24 Ward)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sarah Jennie Wroten

If U. S. Veteran specify WAR .....

(a) Residence: No. 1619 Covington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed or divorced HUSBAND of (or) WIFE of John W. Wroten Sr.

DATE OF BIRTH (month, day, year) June 19, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Charles A. Cheatham

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lucinda Mann

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John W. Wroten Jr.

(Address) 1619 Covington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 15 1936

19. UNDERTAKER A. Reynolds Evans

LICENSE NO. 400-62 Address 1 E. Lanvale St.

Filed Feb 13 1936 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1936, to Feb 12, 1936

I last saw h.er alive on Feb 12, 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance:	
	about

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James L. Webb M. D.

(Address) 1213 Light St

M. D. B 1268-9

0661

F 20661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. life mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR ...

2. FULL NAME James Edward Waters

(a) Residence: No. 505 N Carey St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) 1902

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer W P A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Waters

14. BIRTHPLACE (city or town) (State or country) Somerset Co Va

MOTHER

15. MAIDEN NAME Charlotte Jones

16. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

17. INFORMANT John W Waters

(Address) 505 Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 13, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3224 Schroeder St.

Huntington-Williams

2-13-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10, 1936

22. I HEREBY CERTIFY, That I last took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Gun shot wound of abdomen Perforations — Date of onset 2/9/36

Other contributory causes of importance: ...

Was an operation performed? Yes Date 2/10/36

For what disease or injury? Gun shot wound abdomen

Name of operator Dr Kenny Friends Date of 2/11/36

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide Date of injury 2/9/36 Hour ...

Where did injury occur? 504 Pine St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Gun shot wound

Nature of injury Abdomen Perforations

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) ... M. D.

(Address) ... (Coroner)

F 20662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH Mercy Hosp. Balto. Md — Registered No. F 20662

CITY OF BALTIMORE: (No. ..... St., 1-8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas H. O Neill — If U. S. Veteran specify WAR .....

(a) Residence: No. 702 E. 20th St. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Loretta O Neill

DATE OF BIRTH (month, day, year) 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME John O Neill

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Frances Hanley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Feb. 14. 1936

19. UNDERTAKER Mary M Wedderburn
(Address) 501 E. 22nd St. Huntington Williamson, W. Va.

FILED 13 1936, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 29th 1935 to Feb. 11th 1936

I last saw h alive on Feb. 11th 1936 Death is said to have occurred on the date stated above, at 2 00 P m

The principal cause of death and related causes of importance were as follows: BRONCHOGENIC Carcinoma of Lung. (Rt). — Date of onset .....

Other contributory causes of importance: Empyema (Rt.

Was an operation performed? Yes Date of Dec 31st

For what disease or injury? Empyema.

Name of operation Thoracotomy Date of Dec 31st

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. H. Kane M. D.
(Address) Mercy Hosp.

M. D. B 1268-9

✓ F 20663

20663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp. St., 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Agnes Mary Sheldon

(a) Residence: No. 1122 Riverside Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Glen Shelton

7. DATE OF BIRTH (month, day, year) Nov. 18-1866

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Lawrence J. Kessler.

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Agnes M. Dunn

(Address) 2824 Gordon ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 2/14 1936

19. UNDERTAKER J. Few McCully

(Address) 130 E. Fort. ave

3 1936 Huntington Baltimore Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11 1936

22. I HEREBY CERTIFY, That I attended deceased from February 5 1936 to February 11 1936

I last saw her alive on February 11 1936 Death is said to have occurred on the date stated above, at 1 07 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2/11/36
Adenocarcinoma, ovary, ? c metastases	?
Chr. myocarditis & arteriosclerosis	?

Name of operation Exp. Laparotomy, ? oophorectomy Date 2/11/36

What test confirmed diagnosis? Opn Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn Wilson Zeiders M. D.

(Address) Hospital for Women of Md Baltimore, Md.

✓ F 20664

0664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3326 O'Donnell St., 76-11 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Christian Mutschler

(a) Residence: No. 3326 O'Donnell St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Mutschler

DATE OF BIRTH (month, day, year) Sept. 17, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truckman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME not Known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna B. Helldorfer
(Address) 3326 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb 15 1936

19. UNDERTAKER George W. Zirkler
(Address) 1727 E. Fayette St

Huntington Williams, N.Y.

FILED 3 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1936 to Feb 12, 1936

I last saw ~~him~~ alive on Feb 12, 1936 Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2-7-36
Other contributory causes of importance:	
Acute Nephritis	2-5-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Horace B. Tilson M. D.

(Address) 315 S. Highland Ave

F 20665

20665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3624 Fairview St. 15-8 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Serio

(a) Residence: No. 3624 Fairview ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosaria Serio

DATE OF BIRTH (month, day, year) July 20-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit 1935

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Rosario Serio

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Josephine Serio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosaria Serio

(Address) 3624 Fairview ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary date 2-14-36 19

19. UNDERTAKER J. B. Pippert & Son

(Address) 3001 Eastern Ave

31836 H. Pippert Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11-36 19

22. I HEREBY CERTIFY, That I attended deceased from 1-2- 1932 to 2-11- 1936

I last saw h[e] alive on 2-10 19 36 Death is said to have occurred on the date stated above at 10 55 p m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
acquired Syphilis	30 yrs
Hypertension -	2 yrs.
chronic myocarditis	1 yr
chronic nephritis	1 yr.
Other contributory causes of importance	
acute suffocation pains	1 week

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Denucci M. D.

(Address) medical arts bldg.

M. D. B. 1268-9

F 20666

666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Parkside Drive St., 27-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

U.S. Veteran specify WAR

2. FULL NAME Benjamin F. Wells.

(a) Residence: No. 3402 Parkside Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Roberta Wells.

6. DATE OF BIRTH (month, day, year) August 17 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 1886

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belair Md.

FATHER

13. NAME Ben. Wells

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ruth Konig

(Address) 5311 Evergreen Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Keyser W Va Date Feb 14 36

19. UNDERTAKER Margaret Hyson

(Address) 2107 Gordon St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Injury) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Injury) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner M. D.

(Address) 1918 E. Hoffman Ave

20667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 190 See St. 27-1 Ward)

Length of residence in city or town where death occurred ....yrs. 5 mos. .... ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Peter Wiegand

(a) Residence: No. 190 See St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ....

DATE OF BIRTH (month, day, year) Aug 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	59	6	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Park
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month, day, year) 2/36. 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Conrad Wiegand

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Brant

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William Wiegand
(Address) 190 See

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2-15-36

19. UNDERTAKER Margaret Ryan
(Address) 2107 N Eutaw St

FILED 1936 .... 19.... Registrar.

Eastern Avenue, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/5 1936 to 2/12 1936

I last saw h alive on 2/12 1936 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	
5 days	

Other contributory causes of importance:

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) David Strucken M. D.

(Address) 122 W See

F 20668

0668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X89-a

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Hilkens & Caton Sts. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mary Theresa Gibson
(a) Residence: No. 4001 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 30. 1926

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
9	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Jos L Gibson
14. BIRTHPLACE (city or town) (State or country) Balto md
15. MAIDEN NAME Estelle R Riehl
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT Jo. L. Gibson
(Address) 4001 Hanover st
18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem Date Oct 17 1936
19. UNDERTAKER Margaret Flynn
(Address) 210 N Fulton Ave
Huntington Pittsburgh, Pa.

OCT 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1936 to 2-12 1936.
I last saw h[illegible] alive on 2-12 1936. Death is said to have occurred on the date stated above, at 11:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE OTITIS MEDIA (BILATERAL)	1-15-36
Other contributory causes of importance: MASTOIDITIS (Bilateral) - LATERAL SINUS THROMBOSIS (left) MENINGITIS (STREP)	2-1-36

Was an operation performed? YES Date of 1-28-36
For what disease or injury? B. lateral MASTOIDECTOMY Date of 2-9-36
Name of operation DRAINAGE LATERAL SINUS (L) 1-ENT LUNG
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robt. J. Healy M. D.
(Address) St. Agnes' Hospital

20669

F 20669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3100 Gibbons Ave (St.) 27-4 (Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F Anderson

(a) Residence: No. 3100 Gibbons Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha C Anderson

DATE OF BIRTH (month, day, year) March 17-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Business

10. Date deceased last worked at this occupation (month, day, year) About 10 Years

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Harford County Md

13. NAME OF FATHER William Anderson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Elizabeth Simons

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm P. Taber

(Address) 3100 Gibbons Ave

18. BURIAL, CREMATION, OR REMOVAL Laudon Park Date 2/15 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

FEB 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936 to Feb. 12 1936

I last saw him alive on Feb. 10 1936 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Aortic Cardiac Valvular Disease	7/7/36
(b) Senile Hypertrophic Arterio Sclerosis.	1933 1930
(c)	
(d)	

Other contributory causes (not related to principal cause)

Name of operation None Date of

What test confirmed diagnosis Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) J. F. Hartman M. D.

(Address) 8 E. Eager St.

Spec—12-23-21—E.B.R.S.—400 Bks.

✓ F 20670

20670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

Registered No. 12-5

1-PLACE OF DEATH

City of BALTIMORE: (No. 1811 Guilford Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ashton Joseph Palagano

(a) Residence No. 1811 Guilford Ave St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced ~~Husband~~ (or) WIFE Pietro Palagano

6-DATE OF BIRTH (month, day and year) May 11, 1858

7-AGE 77 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Ashtons Balto. Co. Md.

PARENTS.

10-NAME OF FATHER. Penge Jessop

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maxwelton Md.

12-MAIDEN NAME OF MOTHER. Ellen Ashton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Co. Md.

14- (Informant) Wm Cook

(Address) 1211 St Paul St

15- Filed FEB 14 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 12, 36

17- I HEREBY CERTIFY, That I attended deceased from ....1930 to Feb 12 ....1936 that I last saw her alive on Feb 12 ....1936, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Hypostatic)

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis

(Duration) 5 yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) Wm. J. Fullam M. D.

, 19 (Address) 2211 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Maryland Cokeysville DATE OF BURIAL. Feb 15 1936

20-UNDERTAKER Wm Cook ADDRESS 1211 St Paul St

20671

F 20671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Linden Ave 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara C. Rogers

(a) Residence: No. 1813 Linden Ave Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed or divorced~~ WIFE of Fillmore Rogers

DATE OF BIRTH (month, day, year) June 3rd 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month, day, year) Feb 5th 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Belair Md

13. NAME Robt Magness

14. BIRTHPLACE (city or town) (State or country) Belair Md

15. MAIDEN NAME Amanda Dr Moss

16. BIRTHPLACE (city or town) (State or country) Belair Md

17. INTERMENT Stanley F. Rogers

(Address) 1813 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Christian Chapel Belair Md. Date Feb 15th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FEB 14 1936

(Date received) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th 1936

I HEREBY CERTIFY, That I attended deceased from Sept. 1935 to Feb 12th 1936

I last saw her alive on 2-12-36 1936 Death is said to have occurred on the date stated above, at 6th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	5 yrs.

Other contributory causes of importance:

Name of operation Partial Removal, Radium Date 12-10-32

What test confirmed diagnosis microscopic there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George D. E. Cross. M. D.

(Address) 28 W 25th St.

ACo. 5-41 P&B

HEALTH DEPARTMENT—CITY OF BALTIMORE

7-20672

20672

108

CERTIFICATE OF DEATH

Registered No. 6347

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. Balto Md. St., 18-W Ward)

Length of residence in city or town where death occurred 35 yrs. mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Viola Shade

(a) Residence: No. 1226 Rankin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John A Shade

DATE OF BIRTH (month, day, year) Oct 31, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3 1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co Md

13. NAME John McClintock

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Hannah Rossetter

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT John A Shade

(Address) 1226 Rankin Road

18. BURIAL, CREMATION, OR REMOVAL Interment, Fort Dubois 2/15, 1936

19. UNDERTAKER McCole & Son

(Address) 1217 E Baltimore St

20. FILED FEB 14 1936 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1936 to Feb 13, 1936

I last saw her alive on Feb 13, 1936 death is said to have occurred on the date stated above, at 3.24 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia right base	
Broncho pneumonia left base	
Pleurisy c effusion right upper lobe	
Empyema of right lower lobe	
Other contributory causes of importance: Mitral stenosis & insufficiency Rheumatic	
C H D Arteriosclerosis	
Arterio sclerotic cardio vascular renal disease	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Dr. D. T. Baughn, M. D.

(Address) Franklin Sq. Hospital.

20673 F 20673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 1-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. King If U. S. Veteran, specify WAR No Record

(a) Residence: No. 701 S. Glover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. King

6. DATE OF BIRTH (month, day, year) May 10, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Kisner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Joseph F. King

(Address) 701 S. Glover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 15 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED FEB 14 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1936

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Suppurative arthritis of left Knee.	

Other contributory causes of importance: Diabetic Coma

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North Ave.

0674

HEALTH DEPARTMENT—CITY OF BALTIMORE E20674

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Holbrook St., 9-9 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Callahan

(a) Residence: No. 1302 Holbrook St., Ward. No War Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of John J. Callahan

DATE OF BIRTH (month, day, year) About 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Joseph E. Callahan
(Address) 1302 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 14th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED Washington Williams, Nov
FEB 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1936 to Feb. 11 1936

I last saw her alive on 2/11 1936 Death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	2/7/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum M. D.

(Address) 1106 E. Preston St

20675 ✓ F 20675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3413 Menlo Drive St. 27-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Lupus

(a) Residence: No. 3413 Menlo Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Belle Lupas

DATE OF BIRTH (month, day, year) January 8, 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Card Writer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store

10. Date deceased last worked at this occupation (month and year) April 1934

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Rudolph Lupas

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Belle Lupas

(Address) 3413 Menlo Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 15, 1936

19. UNDERTAKER Beth A. Cook

(Address) 1007 N. Baltimore St.

FILED FEB 14 1936 Thomas J. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1934 to Feb 12, 1936

I last saw him alive on Feb 11, 1936 Death is said to have occurred on the date stated above, at 5.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Dec 1934
Other contributory causes of importance:	
Bronchio-Pneumonia	8 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Pickard M. D.

(Address) 3201 St. Paul St.

F 20676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 15-17

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3745 Reisterstown road St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mrs Rebecca Cohen

(a) Residence: No. 3745 Reisterstown road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of late Barach

DATE OF BIRTH (month, day, year) 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	-		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Zelig Hutz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Bessie Cohen

(Address) 3745 Reisterstown Rd

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date Feb 14 1936

UNDERTAKER Sol Levinson Bros

(Address) 112 E Balto st

FILED ... Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from June ..... 19 35, to Feb 12th 1936

I last saw h... alive on Feb 12th 1936 Death is said to have occurred on the date stated above, at 11 20 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr myocarditis	1934
Arterio Sclerosis	?
Other contributory causes of importance:	
Acute Gastritis & Catarrhal Pulmonary Edema	1 hr.

Name of operation None Date of ...

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A. Abrams M. D.

(Address) 2360 Eutaw place

20677 F 20677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 21-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... War

2. FULL NAME William Hummel

(a) Residence: No. 1368 Washington Blvd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mas.	Wh.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose A. Hummel

7. DATE OF BIRTH (month, day, year) Nov 26, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Window Cord Plant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Herman Hummel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm. J. Baer

(Address) 1368 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date Feb 14 1936

19. UNDERTAKER Fred A. Hamm Mort

(Address) 1216 E. Charles St

Huntington Pittsburgh, Pa.

FEB 14 1936 19 ..... Registrar.

14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-6 1936, to 2-11 1936

I last saw him alive on 2-11 1936 Death is said to have occurred on the date stated above, at 7 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis	
Chronic appendicitis	
Gastric Ulcer	

Other contributory causes of importance:

Pulmonary edema

Was an operation performed? Yes Date of 2-7-36

For what disease or injury? Gastric ulcer Ch. appendix

Name of operation Gastro-enterostomy Date of 2-7-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip A. Insley M. D.

(Address) Md. Gen. Hosp.

D. B. 1268-9

F 20678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 20678

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hospital Ward) 7-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James R. Mulligan

(a) Residence: No. Ritchie Ave (Usual place of abode) Cedar Crest Ward. Balto Co Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	15,14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cedar Crest Balto Co Md
13. NAME Father Walter H Mulligan
14. BIRTHPLACE (city or town) (State or country) East Liverpool Ohio
15. MAIDEN NAME Elvaretta M Brearley
16. BIRTHPLACE (city or town) (State or country) Hookstown Pa
17. INFORMANT Mr Walter H Mulligan
(Address) Ritchie Ave,
18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb 15 1936
19. UNDERTAKER John F Denny
(Address) 715 Light St
Filed Feb 15 1936 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1936
22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Spinal Meningitis	
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schenker M. D.
(Address) 1919 E. Northern Ave. Coroner

20679 F 20679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Greenmount Ave St., 10-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elmore S. Fields

(a) Residence: No. 920 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Susie J. Embrey

DATE OF BIRTH (month, day, year) Dec. 29, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John W. Fields

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Susie Fields
(Address) 920 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lexington Pk. Date Feb. 14, 1936

19. UNDERTAKER [illegible] 914 Greenmount Ave
(Address)

Feb 14 1936 Lexington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1932 to Feb. 12, 1936.

I last saw him alive on Feb. 13, 1936 Death is said to have occurred on the date stated above at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Heart.	

Other contributory causes of importance:
Myocarditis Chronic.
Nephritis Chronic. Senility.

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

James Graham Marriott, M. D.
(Signature)
516 Cathedral St
(Address)

20680 ✓ F 20680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 12-5-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 E North Ave St., 12 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilbert Prince

(a) Residence: No. 209 E North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna E Price

DATE OF BIRTH (month, day, year) Jan. 22, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	70		210	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist Dental Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dental Coll

10. Date deceased last worked at this occupation (month and year) 1935 | 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Co

13. NAME Benjamin Franklin Price

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Hershberger

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT J Rowe Price
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Forest, Balto Co. Date Feb. 14, 1936

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North ave. Lexington Williams, MD

FILED FEB 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Feb 12 1936

I last saw h alive on Feb 11 1936 Death is said to have occurred on the date stated above, at 9 35 m.

The principal cause of death and related causes of importance were as follows:

Diabetes & Nephritis — Date of onset 15 yrs

— 9 mos.

Other contributory causes of importance: Senility & Coma

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J Rowe Price M. D.

(Address) Glyndon Md

20681 #12149 ✓ F 20681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-36

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital (S) 5-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Spruill
If U. S. Veteran specify WAR

(a) Residence: No. 1305 H. Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of 12-21-1900

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Grant

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Agnes

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Columbia N C Date Feb 19 1936

19. UNDERTAKER Lottie Gross
(Address) 1408 Ashland Ave Balto
Filed 19 Registrar

FEB 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/6 1936 to 2/12 1936.
I last saw him alive on 2/12 1936 Death is said to have occurred on the date stated above, at 1025 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacteremia pneumococcus	
Endocarditis pneumococcus	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reyer M. D.
(Address) Balto City Hosp.

1682 F 20682

308574 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 114-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 30 mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Thomas Peoples

(a) Residence: No. 225 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: alice

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~ 6040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Thomas Peoples

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Susie Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date Feb 14 1936

19. UNDERTAKER Mrs Chas G. Bagley & Son (Address) 1421 Jefferson St Washington Williamson, NC

20. Filed 14 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1936 to Feb 11 1936

Last saw him alive on Feb 11 1936 Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

Lung abscess, right — Date of onset 1-24-36

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 8, 1936

For what disease or injury? Lung abscess, right

Name of operation Incision lung abscess Date of 2-8-36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Eyerst M. D.

(Address) Johns Hopkins Hospital

20683 HEALTH DEPARTMENT—CITY OF BALTIMORE 20683

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2843 Parkwood St. 43rd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 6 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herman Weintraub

(a) Residence: No. 2843 Parkwood ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

DATE OF BIRTH (month, day, year) 2-4-1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	61	—	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME OF FATHER Gall Weintraub

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Dr Isaac Weintraub

(Address) 2843 Parkwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2/14/36

19. UNDERTAKER Isaac Levin Sons

(Address) 1439 E. Baltimore St

FILED 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-36 19

22. I HEREBY CERTIFY, That I attended deceased from May 20 1935 to Feb 13 1936

I last saw him alive on Feb 13 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary bladder	

Other contributory causes of importance:

Secondary anaemia

Was an operation performed? Yes Date of Oct 29 1935

For what disease or injury Ulcer of bladder

Name of operation Presacral neurectomy Date of 10/29/35

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd T. Leyris, M. D.

(Address) Johns Hopkins Hosp.

20684 F 20684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 E. Monument St., 7-5 Ward)

Length of residence in city or town where death occurred 13 yrs. 9 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Geraldine Sayles

(a) Residence: No. 1619 E Monument St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 9. 1922

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	9	3 +	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. city

13. NAME James G. Sayles

14. BIRTHPLACE (city or town) (State or country) Balto. City

15. MAIDEN NAME Viola Strawn

16. BIRTHPLACE (city or town) (State or country) Balto city

17. INFORMANT Violen Sayles

(Address) 1619 E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 2/14/36

19. UNDERTAKER Robert F. Williams

(Address) 515 N. Eden St. Pallbearers, Washington Pallbearers, Washington

Filed ..... 19 ..... Registrar

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1936, to Feb 13 1936

I last saw h alive on Feb 13 1936. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Nasal Diptheria — Date of onset 2-10-36

Other contributory causes of importance:

Anemia

Was an operation performed? ✓ Date of .....

For what disease or injury? ✓

Name of operation ..... Date of .....

What test confirmed diagnosis? Bacteriological ..... ?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Edward Fisher M. D.

(Address) 1412 E Monument

D. B. 1268-9

F 20685

20685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Gilmor St., 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert McKinley Anderson

(a) Residence: No. 110-N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Blanche Nelson Anderson

7. DATE OF BIRTH (month, day, year) 4-5-1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister of Gospel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A.M.E.

10. Date deceased last worked at this occupation (month and year) November 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Southampton Virginia

13. NAME OF FATHER John Anderson

14. BIRTHPLACE (city or town) (State or country) Southampton Virginia

15. MAIDEN NAME OF MOTHER Martha Storey

16. BIRTHPLACE (city or town) (State or country) Southampton Virginia

17. INFORMANT Blanche Nelson Anderson

(Address) 110-N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem't Date Feb 8th 1936

19. UNDERTAKER Chas. D. Webster

(Address) 611 Edmondson Ave

20. FILED 8 14 1936 Wilkinson ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.13 1936

22. I HEREBY CERTIFY, That I attended deceased from 1.8.36, 19.., to 2.13.36, 19.. I last saw him alive on 2.13.36, 19.. Death is said to have occurred on the date stated above, at 12:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2.8.36
Other contributory causes of importance: External Hemorrhoids	?
Rectal prolapse	1.8.36

Name of operation None Date of ...

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Lair M. D.

(Address) 865 N. Lexington St.

F 20686

20686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 27-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Zelonah H. Taylor

(a) Residence: No. 6607 Elsrode St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of J. R. Taylor

6. DATE OF BIRTH (month, day, year) October 6, 1907.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	✓	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME George W. Willard

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Zelma Malone

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John B. Taylor

(Address) 6607 Elsrode Ave

18. BURIAL, CREMATION, OR REMOVAL Parkwood Date 2-17 19 36

19. UNDERTAKER Leonard Pinch Funeral Home

(Address) 1705 Harrington Ave

Filed ... 19 ... Harrington Williams Registrar.

14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1936 to February 13, 1936

I last saw her alive on February 13, 1936. Death is said to have occurred on the date stated above, at 8 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pregnancy	
2. Eclampsia - (pre and post-partum)	

Other contributory causes of importance:

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ... Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wagensseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

D. B 1268-9

F 20687

20687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 673 W. Mulberry St. Ward) 4-3

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nellie Swindell

(a) Residence: No. 673 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Col.	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas Swindell

DATE OF BIRTH (month, day, year) May 15, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME John Willard

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Louis Williams
(Address) 1140 Shields Pl.

18. BURIAL, CREMATION, OR REMOVAL Cremation Feb 12-36 (Date) Feb 12 1936

19. UNDERTAKER Adolphus Halstead
(Address) 2 E Lexington St.

Huntington Williams, M.D.
Registrar

FEB 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease	

Other contributory causes of importance: .....

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. H. Osallen M. D.
Coroner

(Address) 2737 Druid Park

F 20688

20688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves. St., 9-3 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theresa Sees

(a) Residence: No. 29 S. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 9th 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	5	5 +	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canton Ohio

13. NAME of Father J. N. Sees

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Mary J. Beebe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Charles Sees

(Address) 2126 Mt. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/15/ 1936

19. UNDERTAKER John J. Gowan & Son

(Address) 901 Collins Street

Filed FEB 14 1936, 19 Herrington Williamson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1936 to Feb. 13 1936

I last saw her alive on Feb. 13 1936. Death is said to have occurred on the date stated above, at 5 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 9, 36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hosp.

F 20689

H. D. B 1268-9

20689 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter H Johnson

(a) Residence: No. Elkridge (Usual place of abode) Howard Co. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3. If married, widowed, or divorced HUSBAND of Late Emily Johnson.

DATE OF BIRTH (month, day, year) Sept 22 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	21 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. C. F. Sybert

(Address) Elkridge Howard Co. Md.

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Lutheran Cem 2/15 1926

Prospect Co Md

19. UNDERTAKER John Hanson Sons

(Address) 1624 Pollitt St Washington D.C.

FEB 14 1926 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Hemiplegia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. Monument Ave.

F 20690 F 20690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #7387 46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 18-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME David Doswell

(a) Residence: No. 935 (838) E. Lexington St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Sep;

If married, widowed, or divorced HUSBAND of (or) WIFE of Susie

6. DATE OF BIRTH (month, day, year) 9-7-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	63	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Alexander

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Dorothoe Aevin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Balto. City Hospt. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Feb. 14 1936

19. UNDERTAKER Mrs Kate R. Williams
(Address) 325 S Schroeder St.

20. FILED Lexington Millinery Co
14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-8-1936 to 2-10-1936

I last saw h*im* alive on 2-10-1936 Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance: Anemia - Secondary to Carcinoma	?

Was an operation performed? Yes Date of 11-11-36

For what disease or injury? Carcinoma of Stomach.

Name of operation? 1st Gastroenterostomy Date of 11-11-36

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. C. Brantigan M. D.

(Address) Baltimore City Hosp.

F 20691

F 20691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #11584 V 93-D

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Schuster

(a) Residence: No. 532 N. Fulton Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine (Dead)

6. DATE OF BIRTH (month, day, year) 6-13-1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0440

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Schuster

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Dorothy

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb. 17 1936

19. UNDERTAKER J. Vernon Keehner
(Address) 2301 Edmondson Ave, Baltimore, Md.

FEB 14 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/1936

22. I HEREBY CERTIFY, That I attended deceased from 5/13/1935 to 2/13/1936

I last saw him alive on 2/13/1936 Death is said to have occurred on the date stated above, at 6:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6 wks +

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 20698 (Dasch) F 20698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-12-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto General Hosp St., 16 Ward) 5

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Dennity Dasch

(a) Residence: No. 2560 Edmondson Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 23 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Feb 14 1936

19. UNDERTAKER J. Vernon Keefauver
(Address) 2301 Edmondson Ave

Filed ... 19 ... Registrar

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1936 to Feb 11, 1936

I last saw him alive on Feb 11, 1936 Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	
Terminal Bronchopneumonia	2/9/36
Other contributory causes of importance:	
Syphilis	

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) E. Allen, M. D.

(Address) West Balto General Hosp

20693

F 20693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 26-4

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4221 Massachusetts Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary A Barrett

(a) Residence: No. 4221 Massachusetts Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of John J Barrett

DATE OF BIRTH (month, day, year) March 17 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Canada

13. NAME John Bell

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Mary Ever

16. BIRTHPLACE (city or town) (State or country) Canada

INFORMANT Jas John Barrett

(Address) 4221 Massachusetts

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 2/15 1936

UNDERTAKER George A Fahey

(Address) Fredonia Kans

Filed 2/14 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1935 to Feb 12 1936

I last saw her alive on 2/11/36 19 Death is said to have occurred on the date stated above, at 9:18 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1920.
Chr. Nephritis.	1930.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Dr Lloyd Johnson M. D.

(Address) Altamonte, Kans

9469

HEALTH DEPARTMENT—CITY OF BALTIMORE

20694 20694

CERTIFICATE OF DEATH

X 47-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cyrus B. Ashcraft

(a) Residence: No. 1611 Patterson St. St., ... Ward. Valdosta - Ga (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sue

6. DATE OF BIRTH (month, day, year) 3/20/88

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Plant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager 1936

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky —

13. NAME Cyrus Ashcraft

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Lillie Cole

16. BIRTHPLACE (city or town) (State or country) Ky —

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cynthiana Ky Date 2/16/36

19. UNDERTAKER John S. Mitchell & Son

(Address) 1900 Eastern Blvd

20. FILED FEB 14 1936 Registrar Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1936 to Feb 14, 1936

I last saw him alive on Feb 14, 1936 Death is said to have occurred on the date stated above, at 8:02 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum

Date of onset 1935.

Other contributory causes of importance: None

Was an operation performed? Yes Date of 2/12/36

For what disease or injury? Carcinoma of rectum

Name of operation Sigmoidoscopy Date of 2/12/36

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul C Rendall M. D.

(Address) The Johns Hopkins Hosp

Co. 5-31 2500

Manerhan

E 20695

0695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 6347

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Sqr. Hospital

CITY OF BALTIMORE: (No.) Balto Md St. 15-6 Ward 108

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Manerhan

(a) Residence: No. 1616 S Stephen St., Ward 105

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwards W Manerhan

DATE OF BIRTH (month, day, year) March 6 1913

AGE 22 Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6051

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Joseph E Michael

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. MAIDEN NAME Eva Bedford

15. BIRTHPLACE (city or town) (State or country) Balto Md

16. INFORMANT Mrs Wm H Michael

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 15 1936

18. UNDERTAKER Mary A Gawthrop

(Address) 2539 Ravenswood Ave

FILED Feb 15 1936 Registrar

T4 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1936 to Feb 12 1936

I last saw her alive on Feb 12 1936 death is said to have occurred on the date stated above, at 8 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
B Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D. J. Battaglia, M. D.

(Address) Franklin Sqr Hospital

M. D. B. 1268-9

F 20696

20696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 E. 20th St) (12th Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U.S. Veteran (Specify War) _____

2. FULL NAME Alice Anetta Sinclair

(a) Residence: No. 740 E. 20 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Frank Sinclair

6. DATE OF BIRTH (month, day, year) Oct 5 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David C Holmes

14. BIRTHPLACE (city or town) (State or country) Yorkshire Eng.

MOTHER

15. MAIDEN NAME Mary Eliz Dale

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Grace E. Sinclair

(Address) 740 E. 20 St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemty Date Feb 14 1936

19. UNDERTAKER Mary A Pawlitrop

(Address) 2829 Baltimore Ave Huntingtn Pkwy, Md

Registrar

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1936

22. I HEREBY CERTIFY, That I [illegible] the remains described above, held an Inquest, [illegible] thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) [illegible] And that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture R Humerus	12/9/35
Hypostatic Pneumonia	2/10/36

Other contributory causes of importance Senile asthenia 2/1/36

Was an operation performed? Yes Date 12/9/35

For what disease or injury Reduction Fracture R Humerus

Name of operation Reduction Fracture Date of 12/9/35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/9, 1935

Where did injury occur? 740 E. 20 St (Give city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down cellar steps

Nature of injury Fractured Humerus

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Bell A Gaulbert M. D.

Coroner

(Address) Coroner

F 20697

0697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

Registered No. 11-4

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Fanny Johnson

(a) Residence: No. 931 Madison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of James Johnson

DATE OF BIRTH (month, day, year) Sept 7th 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	51	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Noble Raine

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date Feb 17th 1936

UNDERTAKER Mrs. Robert A. Elliott daughter

(Address) 1129 Caroline St. Huntington, West Virginia

FILED FEB 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1936, to 2-12, 1936

I last saw her alive on 2-12, 1936 Death is said to have occurred on the date stated above, at 6.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?
Other contributory causes of importance: Anemia secondary to Cachexia	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O C Brandegan, M. D.

(Address) Baltimore City Hosp.

F 20698

0698 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 23

11-4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Madison Ave St., 11-4 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamen Hulton

(a) Residence: No. 1302 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 20 - 1895

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Benjamin H Hulton

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Kirk

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert H Hulton

(Address) 1529 E Amondson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 14 1936

19. UNDERTAKER Samuel F. Chase Sons

(Address) 638 N. Gilmor

Huntington Baltimore, Md.

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/18 1936, to 2/11 1936

I last saw him alive on 2/11 1936 Death is said to have occurred on the date stated above, at 1130A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Chronic Myocarditis

Date of onset

Other contributory causes of importance:

General Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank H Furstenberg, M. D.

(Address) 511 Cathedral

F 20699

9586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Richard Cowell

If U. S. Veteran specify WAR .....

(a) Residence: No. Palm Beach St., ... Ward. Florida
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Cowell

6. DATE OF BIRTH (month, day, year) 10-23-73

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Eliz. Ferris

16. BIRTHPLACE (city or town) (State or country) Ky -

17. INFORMANT Kinds -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Palm Beach Fla Date Feb 14 1936

19. UNDERTAKER Geo M Jenkins Co
(Address) Oldest Funeral

Registered 4 1936 Hamilton Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1936 to Feb 13 1936

I last saw him alive on Feb 13 1936 Death is said to have occurred on the date stated above, at 2:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral atrophy	Sept 1935
Bronchopneumonia	2/11/36

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/9/36

For what disease or injury?

Name of operation Left craniotomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

1624 F 20700

0700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 18-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence Warner

(a) Residence: No. 15½ N. Amity St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-22-1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 ✓0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place J. H. Mud School Date Feb 14, 1936

19. UNDERTAKER Commissioner Health.
(Address) By A. A. Agoral

Huntington Williams, M.D.
Registrar.

4 1936

2114

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/26, 1935 to 2/8, 1936

I last saw him alive on 2/8, 1936 Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	8 mo ?
Tuberculosis of lung	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Ritter, M. D.

(Address) Balto City Hosp.

F 20701

0701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. 2-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry Warner (HENRY WARNER) If U. S. Veteran specify WAR

(a) Residence: No. 508 E. 4 Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 16, 1909

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Warner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Catherine Lauterbach

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Mary Warner.
(Address) 1705 Lough Street

BURIAL, CREMATION, OR REMOVAL St. Matthew's Cem. Date Feb. 14. 1936

UNDERTAKER HENRY SANDER & SONS. INC. by J. Sander
(Address) Baltimore & Broadway.

FILED FEB 14 1936 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to Feb 12, 1936

I last saw h[illegible] alive on Feb 12, 1936. Death is said to have occurred on the date stated above, at 11:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	Dec 5

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stifler Jr. M. D.

(Address) Lyndenham Hospital

0702 F 20702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2913 Winchester St St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christine Louise Crump — If U. S. Veteran specify WAR

(a) Residence: No. 2913 Winchester St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Maurice J. Crump

DATE OF BIRTH (month, day, year): Nov 24 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Gustave L. Schroeder

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Christine Pfeiffer

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Maurice J. Crump

(Address): 2913 Winchester St

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cem. Date: Feb 15, 1936

19. UNDERTAKER: Harry W. Thuneaer & Son

(Address): 4204 Sidewood Ave.

FILED: Feb 14 1936 — Christopher Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 6, 1936, to February 12, 1936

I last saw her alive on Feb 9, 1936 Death is said to have occurred on the date stated above, at 11:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	?
[redacted]	

Other contributory causes of importance:

Mitral stenosis and insufficiency	1 yr -

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Conrad Acton M.D.

(Address) 3401 Garrison Blvd

7703

F 20703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 St. Paul St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Annie C. Igo

If U. S. Veteran specify WAR .....

(a) Residence: No. 1611 St. Paul St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of --------

DATE OF BIRTH (month, day, year) August 6, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Michael Igo

14. BIRTHPLACE (city or town) --------
(State or country) Ireland

15. MAIDEN NAME Mary Ellen Cross

16. BIRTHPLACE (city or town) --------
(State or country) England

17. INFORMANT J. Harry Igo
(Address) 1611 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/15, 1936

19. UNDERTAKER Henry V. Myers & Son
(Address) 805 N. Calvert St.

20. 1936 Huntington-Williams Co

MEDICAL CERTIFICATE OF DEATH

O

21. DATE OF DEATH (month, day, year) February 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1936 to February 11 1936

I last saw h.. alive on February 11, 1936 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Facial Erysipelas	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) F. J. Kirby, M. D.

(Address) 1106 E. North Ave.

F 20704

0704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Smallwood St. St. 20-2 Ward)

Length of residence in city or town where death occurred 79 yrs. 1 mos. 5 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Georgia Tracey — U. S. Veteran — specify WAR .....

(a) Residence: No. 116 N. Smallwood St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Lewis T. Tracey

DATE OF BIRTH (month, day, year) Jan. 7, 1857.

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
79	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME OF FATHER Jerry Fowler

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Morgan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT (Address) Mrs. Grace Higgenbothom 116 N. Smallwood St.

BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Feb. 15, 1936

UNDERTAKER (Address) Harry T. Witte 4101 Edmondson Ave. Huntington Williams, Md.

4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jany 1, 1935 to Feby 12, 1936

I last saw her alive on Feby 12, 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1/1/35
Other contributory causes of importance: Arterio Sclerosis	1933

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. O'Neill M. D.

(Address) 108 W. Fayette

F 20705

D. B. 1265-9

705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 855 W. Lombard St. St. 18-3 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mathias J. Munz

(a) Residence: No. 855 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE Margaret M. Munz

DATE OF BIRTH (month, day, year) June 9, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Industry

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Cloth Examiner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Margaret M. Munz
(Address) 855 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 15 1936

19. UNDERTAKER Harry A. Lutzke
(Address) 4101 Edmondson Ave

FILED B 14 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. H. Radcliffe M. D.
Coroner

(Address) 2737 W. North Ave.

F 20706

0706 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 46-F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5108 Walther Ave. St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. life mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Lehmuth

(a) Residence: No. 5108 Walther Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Reine Dawson Lehmuth

7. DATE OF BIRTH (month, day, year) May 5th, 1859.

AGE	Years	Months	Days	If LESS than 1 day
	76	9	8	[illegible]

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yards

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Lehmuth

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Margaret (Unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Charles D. Lehmuth (Son)

(Address) 5108 Walther Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 15th 19..

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1765 Harford Ave.

20. FILED 4 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Feb 13 1936.

I last saw h[illegible] alive on Feb 13. 1936 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Head of Pancreas

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyla W Golley M.D.

(Address) 5703 Harford Rd

F 20707

20707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N Green Street St. 17-4 Ward)

Length of residence in city or town where death occurred 28 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Centineo

(a) Residence: No. 407 N. Green Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of James Centineo

DATE OF BIRTH (month, day, year) Dec. 15th, 1856.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	I	28 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph Geppi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Grace Sansoni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Centineo (Son)
(Address) 407 N. Green Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Feb. 15th, 1936

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1715 Harford Ave.

Feb 1936 Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1935, to 2-12, 1936

I last saw h[illegible] alive on 2-12, 1936 Death is said to have occurred on the date stated above, at 3[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arterio Sclerosis with Hypertension - Chronic interstetial Nephritis - Myocarditis	Years
Other contributory causes of importance: Chronic. Pulmonary infarct.	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Smaard M. D.

(Address) Medical Arts Bldg

D. B. 1268-9

(Mother)

F 20708

0708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2318 Annapolis Ave St., 25-3 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Mohn

(a) Residence: No. 2318 Hanfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 30 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	22	4	13

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0000

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME OF FATHER Geo Mohn

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME OF MOTHER Mina Delcorn

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Louis Reley
(Address) 2318 Annapolis Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 2/15 1936

19. UNDERTAKER Edw Fokelsong
(Address) Washington Blvd.

Filed 2/14 1936 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/36

22. I HEREBY CERTIFY, That I attended deceased from ~~August~~ 2/13/36 19 36 to 2/13/36 19 36

I last saw her alive on 2/13/36 19 36 Death is said to have occurred on the date stated above, at 5 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/13/36

Other contributory causes of importance:

arteriosclerosis	2/13/36
" Pneumonia	2/13/36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Blackwood Drury M. D.

(Address) 1317 Mount St

M. D. B 1268-9

E 20709

0709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St., 36-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify W. No Record

2. FULL NAME Catherine Whitfield

(a) Residence: No. 3802 Foster Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of James Whitfield

6. DATE OF BIRTH (month, day, year) Nov 14th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (of)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME Chas. A. Leach

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME ? Thompson

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Charles Bayle

(Address) 3802 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 15th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed Feb 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 1936

22. I HEREBY CERTIFY, That, I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

Rec—9-30—A & Co—200 Blks

F 20710

20710 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

REGISTERED NO. 27-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2512 Hamilton Ave ST. WARD

2 FULL NAME Mary E Lawson

(a) RESIDENCE NO. 2512 Hamilton Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

No War Record

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of James Lawson

7 DATE OF BIRTH (month, day, and year) Jan. 26. 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Alexander Crawford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Engel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Arthur H Lawson

(Address) 2512 Hamilton Ave

15 Filed Feb 17 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 13, 1936

that I last saw her alive on Feb 13, 1936

and that death occurred, on the date stated above, at 4:25 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (Infection).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Kyle Lobb M. D.

19 (Address) 5703 Harford Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Feb 17 1936

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St.

D. P. 1268-0

F 20711

HEALTH DEPARTMENT—CITY OF BALTIMORE

0711

CERTIFICATE OF DEATH

V 51-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 310 N. Robinson St. 6-1 (Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob W. Atkinson

(a) Residence: No. 310 N. Robinson St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~single~~ Married, ~~Widowed~~, or ~~divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE~~ Olive M. Atkinson

7. DATE OF BIRTH (month, day, year) Mar 5th 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Co Bridging

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

13. NAME J. Atkinson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Mrs Olive M. Atkinson

(Address) 310 N. Robinson St

BURIAL, CREMATION, OR REMOVAL Lutheran Cathedral Feb 15th 36

(Place) (Date)

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Remington Williams, Mgr

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13th, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1933, to Feb 13, 1936

I last saw h~~im~~ alive on Feb 27, 1936 Death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate Gland	Oct 1933
Other contributory causes of importance: General Metastasis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Fitch M. D.

(Address) 2356 E Monument St

D. P. 1268-9

✓ F 20712

0712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 126-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4405 Valley Lane St. (Ward) 26-2

Length of residence in city or town where death occurred 3/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Lambeth

(a) Residence: No. 4405 Valley Lane St. Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of Lucy Lambeth

6. DATE OF BIRTH (month, day, year) Dec 22, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car-Repairer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R. Co

10. Date deceased last worked at this occupation (month, day, year) 1934

11. Total time (years) spent in this occupation 22

9. BIRTHPLACE (city or town) (State or country) Calvert Co Md

13. NAME OF FATHER Richard Lambeth

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

15. MAIDEN NAME OF MOTHER Mary Tucker

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Lucy Lambeth

(Address) 4405 Valley Lane

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet

Place Mt. Olivet Cem. Date Feb 15 1936

19. UNDERTAKER Huntington Williams

(Address) 1417 E. Fayette St.

FILED 2-15-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to Feb 13, 1936

I last saw him alive on Feb 10 1936 Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Parenchymatous nephritis	1934.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Harding, M. D.

(Address) 4810 Belair Rd.

M. D. B 5268-9

✓ F 20713

0713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 N. Chester St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME David Thompson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1006 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 13, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker 1st

9. Industry or business in which work was done, as silk, saw mill, bank, etc National Casket Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Robert Thompson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Susan Cannes

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Bertha Rosenfeld

(Address) 966 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Camp Chapel Date Feb 17 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams Md

(Registrar)

5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1914 E. North Ave.

H. D. B 1268-9

20714 ✓ F 20714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Essex St., 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Alexander Bukata If U. S. Veteran specify WAR .....

(a) Residence: No. 2306 Essex St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) March 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10,11	+	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe repair for self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Hasel Bukata

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Kiastia (?)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Mary Bukata
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross R.R.Co. Date Feb 17th 19 36

19. UNDERTAKER George A. Weber
(Address)

20. FILED 5 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Probably chronic nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

M. D. B 1268-9

[redacted] HEALTH DEPARTMENT—CITY OF BALTIMORE

20715

CERTIFICATE OF DEATH

1865 20715

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 4 Ward 3

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan Briscoe

(a) Residence: No. 2111 Madison Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Briscoe

6. DATE OF BIRTH (month, day, year) Feb 8 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co Md

MOTHER'S MAIDEN NAME

13. NAME Adelaide Green

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER'S MAIDEN NAME

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) St Mary Co Md.

17. INFORMANT John Briscoe
(Address) 2111 Madison ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/13/36 19

19. UNDERTAKER Mrs Lee H Holland
(Address) 1671 Druid Hill Ave

Huntington Williams, M.D.
Registrar.

FEB 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11-1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	2/11/36

Other contributory causes of importance: Fracture right femur

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury 2-9- 1936

Where did injury occur? McCulloh & Bloom sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell down steps

Nature of injury Fracture femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 850 Augusta st.

F 20716

H. D. B 1268-9

20716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec Hospital St., 137 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel F McCarthy

(a) Residence: No. 3947 Roland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 23, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Electrotyper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

13. NAME Wm McCarthy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Murarity

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ellen Roland (wife)
(Address) 3947 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Western Date Feb 16 1936

19. UNDERTAKER Chas Town Co
(Address) 3615 Old Frederick Ave

FILED Feb 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest / Autopsy / Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance: enlarged

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. W. Wright M. D.
Coroner

(Address) 1405 S. Calhoun St.

✓ F 20717

20717 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2066 Woodbury Ave (Ward) 43-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lawson L. Selby. If U. S. Veteran specify WAR

(a) Residence: No. 2066 Woodbury Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Maria J. Selby.

6. DATE OF BIRTH (month, day, year) Jan 6, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired janitor 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry Selby.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Maria J. Selby.

(Address) 2066 Woodbury Ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Feb 17, 1936

19. UNDERTAKER H. Thornton Son

(Address) 3615-17 Chestnut Ave

Huntington-Williamsport, N.Y.

5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936 to Feb 13, 1936

I last saw him alive on Feb 13, 1936 Death is said to have occurred on the date stated above, at 11.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Arteriosclerosis	4 yrs

Other contributory causes of importance:

Senility

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 20 W. Eager St.

0718 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20718

94-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 W 37th St. St. 13-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie B. Hampshire U. S. Veteran specify WAR

(a) Residence: No. 1128 W 37th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 9, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Md.

13. NAME John Hampshire

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sophia Eburgh

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Loyd G. Blake

(Address) 316 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Feb 15 1936

19. UNDERTAKER Thanhouser Son.

(Address) 3615-17 Eastern Ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8 1936 to Feb 12 1936

I last saw h[illegible] alive on Feb 12 1936 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	?
Angina Pectoris	6/36
Acute Cardiac Dilatation	2/12/36
Other contributory causes of importance:	
Generalized arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Dickinson Jones M. D.

(Address) 820 W 36 St City

D. B. (265-9

20719 ✓ F 20719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Mosher St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charlotte Farrell

(a) Residence: No. 1206 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Farrell

DATE OF BIRTH (month, day, year) 9/12/1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Lowndesville S.C.

13. NAME Chas Williams

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Emmaline Williams

16. BIRTHPLACE (city or town) (State or country) Ga

INFORMANT Edna Fitchett

(Address) 1206 Mosher St

BURIAL, CREMATION, OR REMOVAL

Place Westminster Date 2/17 1936

UNDERTAKER Wm. H. Jackson

(Address) 916 Edmondson Ave

FILED Huntington-Williams Mort. Co.

5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1936 to Feb 14 1936

I last saw h[illegible] alive on Feb 14 1936 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 12 1936
Other contributory causes of importance: Hypertension	1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, [illegible]

(Signed) W. Carey M. D.

(Address) 1057 Edmondson

F 20720

F 20720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Druid Hill ave St., 11-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Brown

(a) Residence: No. 1109 Druid Hill ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur M Brown

6. DATE OF BIRTH (month, day, year) Unk. 11, 73

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT, A... Son (the name or address) 1109 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/15 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania ave

Pennington Williams

Registrar

2 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry, thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal pneumonia	

Other contributory causes of importance: Age & general infirmity

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vikarn M. D.
Coroner

(Address) 1215 Hanover ave

20721 ✓ F 20721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Division St. 14-3 Ward)

Length of residence in city or town where death occurred 40 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Serena Simms

(a) Residence: No. 2124 Division St., ... Ward. .... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jake Simms

7. DATE OF BIRTH (month, day, year) Mar. - 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	50	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Cassie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Edna Johnson

(Address) 2124 Druid Mont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2-16-36

19. UNDERTAKER Thomas E. Hickson

(Address) 1303 Pennsylvania Ave

FILED ..... 19 .... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-36 19

22. I HEREBY CERTIFY, That I attended deceased from 2-8-1936 to 2-13-1936

I last saw her alive on 2-13-1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-7-36
Acute Dilatation of Heart	

Other contributory causes of importance: .....

Was an operation performed? .... Date of ....

For what disease or injury? .....

Name of operation .... Date of ....

What test confirmed diagnosis? Lung Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19 ....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .....

(Signed) Wm. LeRoy Lemmy M. D.

(Address) 1420 E. Chase

D. P. 1268-9

✓ F 20722

722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. Baltimore St., Ward 4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? 58 yrs. mos. ds.

2. FULL NAME Amelia Kulachi

(a) Residence: No. 2231 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Kulachi

7. DATE OF BIRTH (month, day, year) July 10 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Wladyslaus Lipinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Apolonia Zajac

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr Joseph Kulachi

(Address) 2231 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 17 1936

19. UNDERTAKER John M Welby

(Address) 401 S. Chester st

19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936 to Feb. 13 1936

I last saw h alive on Feb 13 1936 Death is said to have occurred on the date stated above, at 10-15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute diverticulitis	Jan 7-36
Localized peritonitis & partial intestinal obstruction	1-9-36
Other contributory causes of importance:	
General toxemia.	1-10-36
Pneumonia of pelvic abscess & Colostomy	1-11-36

Name of operation Colostomy Date of 1-25-36

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon L Kemp M. D.

(Address) Bon Secours Hospital

20723 HEALTH DEPARTMENT—CITY OF BALTIMORE 20723

CERTIFICATE OF DEATH

42-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 N. Eden St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 5 mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Josephine Helen Gebhardt

If U. S. Veteran specify WAR

(a) Residence: No. 1022 N. Eden St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced (or) WIFE of Emil F. Gebhardt

6. DATE OF BIRTH (month, day, year) July 7 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	6.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME of Father Franz Reuter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Christine Lichtenberg

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. William J. Speck

(Address) 1022 N. Eden St.

BURIAL, CREMATION, OR REMOVAL

Place Patapsco Cemetery Date February 17 1936

UNDERTAKER Henry Breck Sons Inc

(Address) 1301 E. Eager St Baltimore Md

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8 1935 to Feb. 13 1936

I last saw her alive on Feb. 13 1936 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis

Hypertension

Myocarditis.

Date of onset Mar

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? none Date of —

For what disease or injury? none

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify

(Signed) Irving L. Littman M. D.

(Address) 1304 E. Chase

F 20724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 11-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Milton Williams

(a) Residence: No. 835 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Black.	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5/20/35

AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Morris Williams

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elsdyn Mosely

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records. JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ch Date 2/15 1936

UNDERTAKER Payne Sanders
(Address) 1413 E. Fulton St

1936 Clinton Williams, Reg'r
Feb 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1936 to Feb 12 1936

I last saw him alive on Feb 12 1936. Death is said to have occurred on the date stated above, at 12 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Tuberculous meningitis	Jan. 1936

Other contributory causes of importance:

Pulmonary tuberculosis	Oct. 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? lumbar punct. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Helen Louise Snyder, M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

0725 — 108 — 0725

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 E. 23rd St. St., 17th Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Waters

(a) Residence: No. 323 E 23rd St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Divorced

If married, widowed, or divorced: HUSBAND of (or) WIFE of ? ?

6. DATE OF BIRTH (month, day, year) April 6 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Joseph Duvall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Owens

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eleanor Wesley

(Address) 323 E 23rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/17 1936

19. UNDERTAKER Rayner Sanders

(Address) 1400 E Preston St

Huntington Williams, Md

5 1936 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/8 1936 to 2/13 1936

I last saw h/er alive on 2/13/36 19 ... Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/6/36

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. D. Juliano M. D.

(Address) 437 E 23rd St.

20726

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20726

CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 17-2 Ward)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louisa Lake

(a) Residence: No. 1531 Argyle Avenue St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Lake

DATE OF BIRTH (month, day, year) 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Perry Vincent

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Frances Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sedonia Vincent

(Address) 1031 Argyle

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Feb 16 1936

19. UNDERTAKER Samuel M. Chase Bro

(Address) 638 N. Gilmor

FEB 15 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1936 to 2-13 1936

I last saw her alive on 2-13 1936 Death is said to have occurred on the date stated above, at 4:00 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum. Date of onset Jan. '35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Jackson M. D.

(Address) 400 N. Arlington Ave.

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

20727

0727

CERTIFICATE OF DEATH

164-a

6-4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2025 E. Fairmount Ave St., 6-4 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Krug

(a) Residence: No. 2025 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Krug (wife)

7. DATE OF BIRTH (month, day, year) June 15-1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skill for Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Frederick Krug

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Lenn ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Jennie Krug (wife)
(Address) 1812 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 17, 19 36

19. UNDERTAKER Fally - Fuller Co
(Address) 1515 E. Monument St.

20. FILED Huntington Williamson, W. Va.

FEB 15 1936

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb. 13/1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Denial Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Feb 13, 1936

Where did injury occur? 2025 E. Fairmount Ave. Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned on jet of gas over ....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1914 E. Monument Ave

✓ F 20728

20728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Belvieu Avenue St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 50 yrs. -- mos. -- ds.

2. FULL NAME Thorvald A. Lee

If U. S. Veteran specify WAR

(a) Residence: No. 4200 Belvieu Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Adah Williams

6. DATE OF BIRTH (month, day, year) Jan. 10, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- Norway

13. NAME Antone Lee

14. BIRTHPLACE (city or town) (State or country) ------- Norway

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) ------- Norway

17. INFORMANT Miss Bertha C. Lee

(Address) 4200 Belvieu Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date 2/15 1936

19. UNDERTAKER Kenly R. Pyle & Son

(Address) 2 Eutaw Pl.

FILED 2/15 1936 Pennington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/36

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1936, to 2/12 1936

I last saw him alive on 2/12 1936. Death is said to have occurred on the date stated above, at 5.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	8 W.
Uremia	6 D.
Arterio sclerosis	
Chronic interstitial nephritis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Ward Wisner M. D.

(Address) 2125 Maryland Ave

Cor Hill (Date)

M. D. H. 1365-9

20729

F 20729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE (No.) St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise J. Bruner

(a) Residence No. 2314 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Jacob W. Bruner

6. DATE OF BIRTH (month, day, year) April 24 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry G. Boerting

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Muller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT W. G. Bruner (Address) Beech & Orbutus

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 19 1936

19. UNDERTAKER E. B. Shepard & Son (Address) 1309 E. Baltimore St.

Huntington W. Williams M.D.

15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Hip	2-2-36
Surgical Shock	

Other contributory causes of importance:

Embolism

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/2/36

Where did injury occur? 2314 Edmondson Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in her home

Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

F 20730

20730 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 S. Charles St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret F. Martel

(a) Residence: No. 1218 S. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Martel

DATE OF BIRTH (month, day, year) August 9, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Michael J. Egan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary E. McDermott

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph Martel (Son)
(Address) 3800 Edelston Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/15 1936

19. UNDERTAKER Fred A. Krause & Son
(Address) 2112 Charles St.

151936 Huntington Hollingsworth & Nuth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1936.

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1935 to Feb. 12 1936.

I last saw h alive on Feb 12 1936. Death is said to have occurred on the date stated above, at 12 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	
Other contributory causes of importance: Oedema of Lungs.	

Was an operation performed? — Date .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of Injury — 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify .....

(Signed) John A. Schmuck M. D.

(Address) 1337 S. Charles St

7731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20731

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred 1 yrs. --mm.--dy. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William C. Pitts. C.

(a) Residence: No. 657 George St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	----------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Groom.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Macon Ga.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Joseph R. Booker.(C)
(Address) 629 George St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsons Cemetery Date 2/15 1936

19. UNDERTAKER J. J. Frohny Sons
(Address) 1318 Eight St

20. 2/15 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Steinhardt, M. D.
Coroner

2/14/36 (Address) 1017 N. Charles St.

F 20732

732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #10817

348-95-B

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 19-H Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME James Stockley

(a) Residence: No. 540 Addison St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Suzanna

6. DATE OF BIRTH (month, day, year) 12-22-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. anywhere

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records of Balto. City Hospt.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/15 19 36

UNDERTAKER A. Jones
(Address) 111 S. Gilmor St.

51936 Huntington-Hollins Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/29 1935 to 2/10 1936

I last saw him alive on 2/10 1936. Death is said to have occurred on the date stated above, at 10¾ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	?
Hypertensive Cardio-vascular disease	?
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 20733

D. H. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

20733

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Balto City Hospital St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John E. Tibbs

(a) Residence: No. 1621 Mt. Cullough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arrow

DATE OF BIRTH (month, day, year) Feb 22 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	11	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber

10. Date devoted last worked at this occupation (month and year) recently

11. Total time (years) spent in this occupation 10+0

12. BIRTHPLACE (city or town) (State or country) Accomack Co Virginia

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Rachael Cook

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date Feb. 17, 1936

19. UNDERTAKER Mrs. Lottie R. Williams

(Address) 322 E. Lebanon St. Huntington Williams Funeral Director

Registrar

F1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia	

Other contributory causes of importance: multiple arthritis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address) 1010 S. Edwards St.

11979

W 20734

20734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 18-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1132 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy

DATE OF BIRTH (month, day, year) 3-1-1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

13. NAME Ambrose

14. BIRTHPLACE (city or town) (State or country) Conn.

15. MAIDEN NAME Nancy

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb-15, 36

19. UNDERTAKER Thos Kane & Williams
(Address) 322 S Schroeder St Huntington Williams, WVa

FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/29 1936 to 2/13 1936

I last saw him alive on 2/13 1936 Death is said to have occurred on the date stated above, at 12 ½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 mo.

Other contributory causes of importance:
None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Gate M. D.

(Address) Balto City Hosp.

H. D. B. 1268-9

F 20735

20735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 665 Pine St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Freeman

(a) Residence: No. 665 Pine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

6. If married, widowed, or divorced
BUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1845

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90	May	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME —

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

15. MAIDEN NAME Josephine Groos

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Freeman

(Address) 3327 Carrollton

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 15, 1936

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Schroeder St.

FILED FEB 15 1936 Huntington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1936 to Feb 12, 1936.

I last saw him alive on Feb 12, 1936 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Toxemia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. L. Houghton M. D.

(Address) 501 W. Hamburg St.

D. B. 1268-9

F 20736

20736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N. Schroeder St. 18-1 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lousa Fisher Harris

(a) Residence: No. 121 N. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lenard Harris

DATE OF BIRTH (month, day, year) 5.5.'76

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) May, 1926

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Powhatan Virginia

13. NAME Harry Fisher

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Dianna Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Padonia Harris
(Address) 121 N. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Feb. 18, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED 2-15-1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.13.36. 19

22. I HEREBY CERTIFY, That I attended deceased from 2.11.36. 19 . to 2.13.36. 19

I last saw h W alive on 2.13.36 19 . Death is said to have occurred on the date stated above, at 6:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2.5.36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Farr M. D.

(Address) 1865 W. Lexington St

D. B. 1268-9

F 20737

0737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH University Hosp

CITY OF BALTIMORE: (No.) St. W-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph K Sheffler

If U. S. Veteran specify WAR

(a) Residence Hagerstown Rt #5 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie T. Toms

6b. DATE OF BIRTH (month, day, year) 7—1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming-36

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

13. NAME OF FATHER Simon L. Sheffler

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Matilda Wishard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Morris W. Sheffler (Son)

(Address) Hagerstown Rt 5

18. BURIAL, CREMATION, OR REMOVAL Hagerstown Md Date 7/18 1936

Rest Haven Cemetery

19. UNDERTAKER Hagerstown Md

(Address)

20. FILED 7/18 1936

5 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15 1936

22. I HEREBY CERTIFY, That I took charge of the above named deceased, held an Injury (Inquest, Autopsy or Inquiry) on the 15 day of July 1936, at 1255 AM, and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hematoma	11/29/35

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/14/36

For what disease or injury? Subdural Hematoma

Name of operation Craniotomy Date of 7/14/36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 11/29 1935

Where did injury occur? Old Bridge Rd Md — County 40

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Collision between 2 passenger auto cars

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thad Bailey Shute M. D.

Coroner

(Address) 707 N. Charles St

F 20738

0738 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Maryland General Hospital 15-6 Registered No. .....
CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Margaret Mennen If U. S. Veteran specify WAR .....

(a) Residence: No. 3200 Waste wood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 11, 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) —

INFORMANT Hospital Records.
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Cem. Date 2/17 1936

18. UNDERTAKER William A. Schaffer
(Address) 1816 E. Monument St.

19. FILED 1936 [illegible] for Registrar

151966 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13- , 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-9 , 1936, to 2-13 , 1936

I last saw her alive on 2-13 , 1936. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease — Data of onset .....
Cerebral Hemorrhage

Other contributory causes of importance:
Bronchopneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas P. Ramsey M. D.

(Address) Maryland General Hosp

20739 8324 20739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Jones

(a) Residence: No. 210 Schroeder St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 11-17-1918

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Fannie Willis

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 15, 36

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 S. Schroeder St.

FILED 19 (Registrar)

B 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-22 1935 to 2-14 1936

I last saw h alive on 2-14 1936 Death is said to have occurred on the date stated above, at 4.45 p m.

The principal cause of death and related causes of importance were as follows:

Clinical Tuberculous Adenitis ?

Date of onset

Other contributory causes of importance:

Tuberculosis of right Elbow joint ?

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt. J. Martin M. D.

(Address) Balt. City Hosp.

20740

F 20740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 14-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lillian Holmes.

If U. S. Veteran specify WAR

(a) Residence: No. 1516 Druid Hill Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) July 1st 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37 38	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Private ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Daniel Johnson (Deceased)

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Delia Hunter (Deceased)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Edenton N. Carolina Date 2/07/36 19

19. UNDERTAKER Mrs. Lee H. Holland

(Address) 1631 Druid Hill Ave

20. FILED FEB 6 1936 Harrington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26 1935 to Feb. 5 1936

I last saw her alive on Feb 5 1936 Death is said to have occurred on the date stated above, at 3.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular-renal disease.	May 1st 1935 ?
Other contributory causes of importance: Generalized Arteriosclerosis.	—

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Edwin Knowles Jr M. D.

(Address) Mercy Hospital

20741 F 20741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 108

1. PLACE OF DEATH St Agnes Hosp

CITY OF BALTIMORE: (No. Instead Caton Av 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Johanna T. Wolff

If U. S. Veteran specify WAR No Record

(a) Residence: No. 110 Parkin St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Johanna T. Wolff

6. DATE OF BIRTH (month, day, year) Aug 26 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diamond Cab Co

10. Date deceased last worked this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) New York City N. Y.

13. NAME Edward Wolff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Martha Rogers

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Hannah T. Wolff

(Address) 110 Parkin St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 18 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FEB 16 1936 Livingston Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1936 to February 18 1936

I last saw h. alive on February 14, 1936 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset about Jan 9, 1936

Other contributory causes of importance:

Multiple lung abscess

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. V. Williamson, M. D.

(Address) St. Agnes Hosp.

F 20742

20742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella Tester

(a) Residence: No. 1727 E. Federal St., Ward. No War Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Jesse J. Tester

6. DATE OF BIRTH (month, day, year) September 12, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John A Rhein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME MacKeown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Harry L. Rhein
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 17 1936

UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

FILED FEB 16 1936 Huntington-Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1936, to February 13, 1936.
I last saw her alive on February 13, 1936. Death is said to have occurred on the date stated above, at 9.58 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) ~~W. H.~~ M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

20743 Dr Littman 1304 E. Chase St F 20743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1615 E. Biddle St. 11-1 Ward)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Kollestok

(a) Residence: No. 1217 St Paul St (Usual place of abode) St., Ward. No War Record (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

If ~~married~~ widowed, ~~divorced~~ (or) WIFE of: John Kollestok

DATE OF BIRTH (month, day, year): Oct 15th 63

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

9. BIRTHPLACE (city or town) (State or country): Franks town Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mr+Mrs Chas Close 1615 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Date: Feb 17th 36

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

Filed 2-16 1936 Filington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1935 to Feb. 14th 36.
I last saw h[illegible] alive on Feb. 12, 1936, Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arterio-Sclerosis	
Hypertension	
Acute Cardiac Dilatation	

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Dwight Littman M. D.
(Address) 1304 E. Chase

D. P. 1938

20744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 20744

CERTIFICATE OF DEATH

192-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 East Preston St., 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry C. Wiseman

(a) Residence: No. 2033 East Preston St., Ward. 8th Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of: Mary Wiseman

7. DATE OF BIRTH (month, day, year): Dec 13, 13

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brush Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shutts & Co

10. Time deceased last worked at this occupation (month and year): Jan 1936

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: James H Wiseman

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Mary R Wilkerson

16. BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: Mary Wiseman
(Address): 2033 East Preston

BURIAL, CREMATION, OR REMOVAL
Place: Fremont Date: 2/18/36

UNDERTAKER: William Cook
(Address): 1217 St Paul St

FILED: FEB 19 1936 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1935 to 2-15, 1936

I last saw him alive on 2-15, 1936. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	11-17-35
Myocardial Degeneration	2/10/36
Pneumonia	

Other contributory causes of importance:

Name of operation: None Date of: None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury: No 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: No

Manner of injury: No

Nature of injury: No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify: No

(Signed) David Miller M. D.

(Address) 1500 N Broadway

D. B. 1268-9

20745 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 20745

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3100 Wylie Av St., 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julia H Donovan

(a) Residence: No. 3100 Wylie Av St., Ward. No Record

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Henry W Donovan

7. DATE OF BIRTH (month, day, year) Aug 8 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month, year) Jan 1936

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER William B Laughlen

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Annie Ball

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Helen E Rosendale

(Address) 3100 Wylie Av

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 17 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1936 to Feb 14 1936

I last saw her alive on Feb 14 1936 Death is said to have occurred on the date stated above, at 505P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C A of Rectum	2
Other contributory causes of importance: Toxemia	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Singer M. D.

(Address) 506 N Howard Ave

20746 E 20746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 308 S. Bethel St., 3-1 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Wilson Cleveland

(a) Residence: No. 308 S. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Cleveland

DATE OF BIRTH (month, day, year) Oct 11, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Father Wilson

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Ida Baldwin

16. BIRTHPLACE (city or town) (State or country) Connecticut

17. INFORMANT Father Wilson

(Address) 729 S. Curley

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 17, 1936

19. UNDERTAKER Frank N. Pipitone

(Address) 2518 E. Baltimore St

[illegible] Feb 16 1936 [illegible] Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1936 to Feb 14, 1936

I last saw h[illegible] alive on Feb 14, 1936 Death is said to have occurred on the date stated above, at 6:2[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Over 1 year

Other contributory causes of importance:

None

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jos. L. Clevenger M. D.

(Address) 12 Do Broadway

F 20747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20747

92-C

15-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2652 Oswego ave St., Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Lwenson

(a) Residence: No. 2652 Oswego ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced (or) WIFE of Louis H

DATE OF BIRTH (month, day, year) 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Mendecai Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Freda ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Yuffe

(Address) 2652 Oswego ave

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Cem Date Feb 16 1936

19. UNDERTAKER Sol Levenson & Bro

(Address) 1127 E Baltimore

FILED Feb 16 1936 Registrar

B 16 13561 Registered Number

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Feb 14 1936

I last saw h[illegible] alive on Feb 14 1936 Death is said to have occurred on the date stated above, at 9:15 Am.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Feb

Other contributory causes of importance:

Myocarditis

atherosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Jacobs M. D.

(Address) 1700 Eutaw Place

20748 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 20748

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Chesterfield St., 81 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph B. Stanford

If U. S. Veteran specify WAR

(a) Residence: No. 2701 Chesterfield St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Zerva I. Stanford

6. DATE OF BIRTH (month, day, year): June 19 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foul maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Beans & Peas

10. Date deceased last worked at this occupation (month and year): Feb 10 1936

11. Total time (years) spent in this occupation: 6 mo

12. BIRTHPLACE (city or town) (State or country): Georgia

13. NAME: William A. Stanford

14. BIRTHPLACE (city or town) (State or country): Georgia

15. MAIDEN NAME: Nancy Story

16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT: Zerva I. Stanford
(Address) 2701 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Feb 16 1936

19. UNDERTAKER: Albert W Berry
(Address) 1413 E Baltimore St

20. FILED FEB 17 1936 Thomas J. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 13 1936

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1936 to February 13, 1936

I last saw him alive on February 13, 1936. Death is said to have occurred on the date stated above, at 3 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	30
Other contributory causes of importance: Influenza	30

Was an operation performed? No. Date of

For what disease or injury? No.

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. J. a Stearns M. D.

(Address) 2878 Harford Rd

F 20749 La Novak F 20749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 ✓

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 E. 21st St. 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Francis Hanson

(a) Residence: No. 514 E. 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A Hanson

6. DATE OF BIRTH (month, day, year) Dec 25 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	18 19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William H Hanson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Catherine R. Cole

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT A. L. Hanson

(Address) 514 E 21st St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 17 36

19. UNDERTAKER Albert W Peregoy

(Address) 440 E North Ave

20. FILED 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1935 to Feb. 13 1936

I last saw him alive on Feb. 12 1936 Death is said to have occurred on the date stated above, at 11.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	1934

Other contributory causes of importance:

Pneumonia	Jan. 1936

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward A Novak M. D.

(Address) Medical Arts Bldg.

20750

HEALTH DEPARTMENT—CITY OF BALTIMORE

20750

CERTIFICATE OF DEATH

93-C

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Ensor St. St., 4-9 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Catherine Murphy

(a) Residence: No. 1419 Ensor St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Timothy Murphy

DATE OF BIRTH (month, day, year) Mar. 3, 1845

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	90	11	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

7. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Joseph Murphy (Grandson)
(Address) 1419 Ensor St.

17. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Feb. 17, 1936

18. UNDERTAKER Elmer W. Combs
(Address) 924 E. Eager St.

19. FILED Feb 18 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1935 to Feb. 14, 1936.

I last saw her alive on Feb. 11, 1936 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis — Date of onset Abt 1 yr
Myocarditis
Cardiac Decompensation

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Irving L. Littman M. D.

(Address) 1304 E. Chase

F 20751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3154 Keswick Rd. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia A Barnes

(a) Residence: No. 3154 Keswick Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70.	10.	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Adam L. Barnes

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Barnes

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Mr Chas G. Barnes

(Address) 3154 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL St Mary's Cem Hampden Feb. 17 1936

19. UNDERTAKER Walter Davis

(Address) 3418 Eastern Ave.

20. FILED Feb 17 1936 Harry Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible], that I last saw [illegible] alive on [illegible] and that death occurred at 3.30 P.M. on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 14 36
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Dedeaux M. D.

Coroner

(Address) Coroner

20752 F 20752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2937 Fait Ave. St., 1-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S Veteran specify WAR ....

FULL NAME John George Fischer

(a) Residence: No. 2937 Fait Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy Fischer

DATE OF BIRTH (month, day, year) March 24, 1867

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George F. Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT George W. Fischer
(Address) 2937 Fait Ave.

BURIAL, CREMATION, OR REMOVAL
Place St. Paul Cemtery Date Feb. 17, 1936

UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

FEB 16 1936 Livingston Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935 to Feb 13, 1936.

I last saw him alive on Feb 13, 1936 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Sclerosis & Myocarditis	2 years
Other contributory causes of importance: Bronchopneumonia & Heart failure	3 days

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None Date of .....

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry A Mustard M. D.

(Address) 1623 E Baltimore

20753

F 20753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 15-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 Liberty Heights Ave. St., ... Ward)

Length of residence in city or town where death occurred 82 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jessie Snow Leitch,

(a) Residence: No. 4006 Liberty Heights Ave, St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of B. Frank Leitch,

6. DATE OF BIRTH (month, day, year) March 31. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	10	14 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles H. Snow,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Ellen Inloes,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs George E. Wilcox

(Address) 4006 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date FEB 17 1936, 19

19. UNDERTAKER Robert S. Sittle

(Address) 2700 Edmondson Ave.

20. FILED FEB 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 14 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 19 36 to Feb 14 19 36

I last saw h[illegible] alive on Feb 14, 19 36 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 13
Other contributory causes of importance: Arterio Sclerosis Cerebral	unk

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Forrest [illegible] M. D.

(Address) 2 E. Read St

D. B. 1268-9
0754

F 20754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Auchentoroly Ter St., 13-4 Ward)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna D. Heer,

(a) Residence: No. 2820 Auchentoroly Ter. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of George Heer.

6. DATE OF BIRTH (month, day, year) August 14. 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Herman Hinternesch.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Mrs. Collins Niece)
(Address) 2820 Auchentoroly Terrace

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date FEB 19 1936, 19

UNDERTAKER Sidney M. Sittle
(Address) 2700 Edmondson Ave.

FILED FEB 16 1936 Harrington Wellington Way

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1927 to Feb 6 1936

I last saw h[illegible] alive on Feb 15 1936 Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri Sclerosis	1927

Other contributory causes of importance:
Myocarditis - Sclerosis
Cerebral apoplexy, Pneumonia
Edema

Name of operation Rectal Abscess Date of Feb 4 1936

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard Carl M. D.
(Address) 1811 Gwynn Falls Pkwy

F 20755

D. B 1268-9

20755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospt. St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Morris Bass

(a) Residence: No. 236 S. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Herbert Rosenberg Date 2/16/36 19

19. UNDERTAKER Louis Levin & Sons

(Address) 1459 E. Baltimore St.

ISSUED 2/16/36 19 Filed for Record

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker M. D.

Coroner

(Address) 1914 E. North Ave.

F 20756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20756

Registered No. 15-10 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Belvieu Avenue St., 15 Ward)

Length of residence in city or town where death occurred 76 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

Is U. S. Veteran? specify WAR

2. FULL NAME Clotilda C. Lucchesi

(a) Residence: No. 4000 Belvieu Avenue St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Lucchesi

6. DATE OF BIRTH (month, day, year) May 9, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry S. Fink

14. BIRTHPLACE (city or town) (State or country) -------- Pennsylvania

15. MAIDEN NAME Rosanna McSherry

16. BIRTHPLACE (city or town) (State or country) Balto. County Maryland

INFORMANT Thos. S. Fink

(Address) 3804 Greenway

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 2/17 19 36

UNDERTAKER Henry C. Meyer & Son

(Address) 508 N. Eutaw St.

FILED 19 Registrar

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1935 to Feb 14 1936

I last saw her alive on Feb 14 1936 Death is said to have occurred on the date stated above, at 4.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Carcinoma of right breast	
Other contributory causes of importance: Uraemia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Volenick M. D.

(Address) 4712 Liberty Hts Ave

20757 ✓ F 20757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 N. Pulaski St. 20-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Henry F. Schlein

(a) Residence: No. 30 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena R. Schlein

DATE OF BIRTH (month, day, year) April 28, 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Schlein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lena R. Schlein

(Address) 30 N. Pulaski Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/17/ 1936

19. UNDERTAKER J. B. Stephens & Son

(Address) 1301 Eastern Ave

FILED 19 Lexington Williams, M.D.

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 1 1936 to February 14 1936

I last saw him alive on February 14 1936 Death is said to have occurred on the date stated above, at 3/30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	
Cerebral hemorrhage	2/14/36

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Examination There was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore E. Skeen M. D.

(Address) 3803 Edmondson Ave

F 20758

Pochewicki ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Bon Secours Hosp
CITY OF BALTIMORE: (No. Balto Ind. St. 20-2 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3a yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Vincent Pochewicki
(a) Residence: No. 2206 Wilmington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Pochewicki

DATE OF BIRTH (month, day, year) April 6-1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cab't-Store Fixtures
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation 6 Yrs

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME ? unknown

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Anna Pochewicki
(Address) 2206 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Date 2-18-1936

19. UNDERTAKER J. B. Hobbert & Son
(Address) 220 Eutaw Place

20. FILED Feb 18 1936 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1936 to Feb 14 1936
I last saw him alive on Feb 14 1936 Death is said to have occurred on the date stated above, at 3 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	7
Lobar Pneumonia	
Embolism	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr. Dexter S. Shanahan
(Address) 20 E. Lexington St.

E 20759

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 20759

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 N. Lafayette Ave St., 16-H Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

2. FULL NAME Florence E. McGee

(a) Residence: No. 1909 N. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter R. McGee

DATE OF BIRTH (month, day, year) Dec. 22, 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Seipp

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Elizabeth Zepp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence E. McGee

(Address) 1909 N. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 2/17 19 36

19. UNDERTAKER F. B. Wisbert & Sons

(Address) 1202 Eutaw Place

20. FILED FEB 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1935 to Feb 13 1936

I last saw her alive on Feb 13 1936 Death is said to have occurred on the date stated above, at 1:53 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Influenzal	3 wks
Cardiac Insufficiency	3 da

Was an operation performed? Laparotomy Date of Jan 13/36

For what disease or injury?

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw Woodward MD M. D.

(Address) 806 Mortimer Ave

20760

✓ F 20760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 100 N. East Ave. 6-1 Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Mueller

(a) Residence: No. 100 N. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

If married, widowed, or divorced WIFE of (or HUSBAND of) Barbara Anna

DATE OF BIRTH (month, day, year) Dec. 27, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. store-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hard-ware store

10. Date deceased last worked at this occupation (month and year) At present

11. Total time (years) spent in this occupation 25 yrs.

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Jorg John Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Anna Wilner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Barbara Mueller

(Address) 100 N East Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Cem. Date 2/17, 1936

UNDERTAKER J. Heuman & Son

(Address) 32 S. Broadway

FILED ..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1935, to Feb. 17, 1936

I last saw ~~him~~ alive on Feb. 11, 1936 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cardiac dilatation	2/17/36
Other contributory causes of importance:	
myocarditis	?
hypertension	
Chr. interstitial nephritis	

Name of operation ..... Date of

What test confirmed diagnosis? physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. C. Tobical M. D.

(Address) 447 N. Kenwood Ave.

20761 ✓ F 20761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5302 Winner Ave St., 2-7-17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Hugh Hamilton

(a) Residence: No. 5302 Winner Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Marrid

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Evans Hamilton

DATE OF BIRTH (month, day, year) Oct. 29, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	1d	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone Company

10. Date deceased last worked at this occupation (month and year) 2/10/36

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Tonawanda N.Y.

13. NAME Robert Hamilton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Mattie Hamilton
(Address) 5302 ~~Winner~~ Winner Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/16 1936

19. UNDERTAKER L. Vernon Lemmon
(Address) 4611 Park Heights.

20. FILED FEB 17 1936 Pennington Fullwood, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936 to Feb 13, 1936

I last saw him alive on Feb 13, 1936 Death is said to have occurred on the date stated above, at 6.30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Fred B Dewell M. D.

(Address) 2516 Penn. Ave

M. D. B 1268-4

20762 E 20762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Barclay St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alvin H Cramer

(a) Residence: No. 2103 Barclay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julia Cramer

6. DATE OF BIRTH (month, day, year) July 26 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Dec 1926

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Alexander Cramer

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME ? Heindle

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs. Julia Cramer
(Address) 2103 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/17 1936

19. UNDERTAKER C. Vernon Lemmon
(Address) 2211 Park Ave

PLACE OF DEATH Mt. Nurse or Physician, M.D.

B 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1936

22. I HEREBY CERTIFY, That I attended the deceased from Inquiry to thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocardial insufficiency	?

Other contributory causes of importance:

Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coll Dedmon Coroner M. D.

(Address) Coroner

D 20763 ✓ F 20763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

86

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 100 S. Dean St., 76-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James R. Bryan Jr. If U. S. Veteran specify WAR

(a) Residence: No. 100 S Dean St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ×

DATE OF BIRTH (month, day, year) Mar 2 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James R. Bryan

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lizabeth Pierce

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna Pierce

(Address) 1723 E Fait St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/16/36

19. UNDERTAKER Holy Redeemer Mort. W. E. Dippel

(Address) 57 [illegible]

20. FILED 2/17/36 Registrar

16 1550

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, atelectasis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address) 1015 S. Edmondson Ave.

20764

12119 ✓ F 20764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 25-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Rodger William Mays

(a) Residence: No. 2811 Washington Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-1-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1 month	0	1	13 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Harold Rodger Mays

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Madeline Becker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date 2-15 19 36

19. UNDERTAKER Leonard Fleck (Address) 5305 Talbot Rd

20. FILED FEB 16 1936 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1936 to 2-13, 1936

I last saw h.im alive on 2-13, 1936 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Intestine	1-1-36
Obstructive Jaundice	2-3-36
Other contributory causes of importance: Mongolism	1-1-36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) R B Dorsey M. D.

(Address) Baltimore City Hospitals

F 20765

20765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

212-M

Registered No. 16-4

1. PLACE OF DEATH 819 Appleton St.

CITY OF BALTIMORE: (No.) St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Frusini

(a) Residence: No. 819 Appleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Frusini

6. DATE OF BIRTH (month, day, year) Oct. 25, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Anthony Frusini

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Katherine Antolini

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Rose Frusini

(Address) 819 Appleton St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Feb 17 36

19. UNDERTAKER Harry H. Dorsey

(Address) 4001 Edmondson ave

FILED FEB 18 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	2/13/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/13 1936

Where did injury occur? Baltimore Harlem Park

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street

Manner of injury, Struck by car, fell, struck ground

Nature of injury Contusion of head, concussion of brain

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. Hann M. D.

Coroner

(Address) 1215 Hanover

20766

HEALTH DEPARTMENT—CITY OF BALTIMORE

20766

CERTIFICATE OF DEATH

93-cF

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2813 Parkwood Ave ST.: 1354 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Albert Francis Schaengel

(Residence in Baltimore: No. 2813 Parkwood Ave St.: 46 yrs. 9 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH March (Month) (Day), 1889 (Year)

7 AGE 46 yrs. 9 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Albert Schaengel

11 BIRTHPLACE OF FATHER (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Harken

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred M Schaengel

(Address) 6017 York Rd

15

Feb 16 1936 H. Lawton Mathias M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 15 (Month) (Day), 1936 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936 to Feb 15 1936

that I saw h[illegible] alive on Feb 15 1936

and that death occurred on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos.

Contributory (SECONDARY) Pulmonary Edema

(Duration) yrs. mos. 7

(Signed) H. Lawton Mathias M.D.

Feb 15, 1936 (Address) 1811 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. In the ds. State yrs. mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Cathedral Cem. DATE OF BURIAL Feb. 17, 1936

20 UNDERTAKER Wm J Michaelsen ADDRESS North Ave

c.—2-29-28—L. F. S.—500 Bks.

F 20767

F 20767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

REGISTERED NO. 14-1

1—PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1732 BOLTON ST., (WARD) 14

2—FULL NAME CHARLOTTE CORNELIA WALTER

(a) RESIDENCE NO. LYNBROOK, L.I. N.Y. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F. M	WHITE	MARRIED

If married, widowed, or divorced
HUSBAND of (or) WIFE of ROBERT A. WALTER

DATE OF BIRTH (month, day, and year) OCT 5 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HOUSE WIFE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

10 NAME OF FATHER JOSEPH MEAKIN

11 BIRTHPLACE OF FATHER (city or town) (State or country) BALTIMORE, MD.

12 MAIDEN NAME OF MOTHER MARGARET ROBERTSON.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) CHESTER, MD.

Informant ROBERT A WALTER

(Address) LYNBROOK L.I. N.Y.

Filed FEB 16 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 14, 1936.

17 I HEREBY CERTIFY, That I attended deceased from JAN 13, 1936, to JAN 14, 1936.

that I last saw her alive on FEB 14, 1936

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

OLD ORGANIC HEART DISEASE.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) CEREBRAL HEMIPLEGIA (duration) 3 DAYS mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Chas. Thurston M.D.

, 19 (Address) 357 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt. Alert — DATE OF BURIAL Feb 17 1936

20 UNDERTAKER Wm J Tuckers & Son. — ADDRESS Md. Pa Ave.

D. B. 1268-9

F 20768

F 20768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 N. Calvert St. 12-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma E. Mitchell

(a) Residence: No. 2817 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 16 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	5	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Mitchell

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Emily Mitchell

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

INFORMANT Family record.
(Address) 2812 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Feb. 17, 1936

UNDERTAKER Forbes & Sons Inc
(Address) 1811 Broadway

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1936, to Feb 15, 1936

I last saw her alive on Feb 15, 1936 Death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset Unknown

Other contributory causes of importance:

Cerebral Hemorrhage — 2/11/36

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) E. Kast Gregg M. D.

(Address) 2923 St Paul St.

D. P. 1268-9

20769 HEALTH DEPARTMENT—CITY OF BALTIMORE E 20769

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 N. Broadway St. 7-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura K. Simpson

(a) Residence: No. 1026 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. Simpson

DATE OF BIRTH (month, day, year) July 5, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Maria Fuller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lucy Wardlaw Simpson

(Address) 1026 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Feb 18 1936

19. UNDERTAKER Howard P. Wright Jr.

(Address) 1418 N. Gay St.

20. Filed Feb 19 1936 Registrar

TB 1956

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1936 to Feb. 14 1936

I last saw her alive on Feb. 14 1936 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 13/36
Other contributory causes of importance:	
Arteriosclerosis	1931
Myocarditis chronic	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar P. Sandrock M. D.

(Address) Medical ARTS Bldg.

20770 ✓ E 20770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

Registered No. 20-3

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No.) Wilkens Ave. St. (If outside city, give county) Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Cecelia Finkelstein

(a) Residence: No. 511 S. Pulaski St. St. Ward.
(Usual place of abode) Balto. Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Hyman

6. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58				

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home (037)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country): Maryland
13. NAME: Samuel Silverstein
14. BIRTHPLACE (city or town) (State or country): Russia
15. MAIDEN NAME: Rare
16. BIRTHPLACE (city or town) (State or country): Russia
INFORMANT: Hospital Record
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place: Nelson Pet Cemetery Date 2-16 19 36
18. UNDERTAKER: Jack Segers Eye.
(Address) 1439 E. Baltimore St.

FILED 19

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-15 19 36

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 19 35 to Feb. 15 19 36
I last saw her alive on Feb. 14 19 36 Death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous abortion	11-5-35
Other contributory causes of importance: Post abortal Sepsis	11-10-35
Was an operation performed? Yes Date of 11-11-35	
For what disease or injury? D & C Retained placenta	
Name of operation D & C Date of 11-11-35	
What test confirmed diagnosis clinical Was there an autopsy? No	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Robert J. Hardy M. D.
(Address) St. Agnes' Hospital

21576

F 20771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 x 137

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7 E Monument Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hilary Bacon

(a) Residence: No. 1121 S-E First St., St Ward. Evansville Ind

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widower

If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 11/8/53-1

7. AGE: Years 84 | Months 3 | Days 3 8 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Ky - USA

13. NAME Chas - Bacon

14. BIRTHPLACE (city or town) (State or country): Va -

15. MAIDEN NAME Margaret - Ogram

16. BIRTHPLACE (city or town) (State or country): Ala -

17. INFORMANT (Address): Reeds - JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place: Evansville Ind Date: 2/16 1936

19. UNDERTAKER (Address): H. Heuder Sons Undertaker-Embalmer

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1935 to Feb 16, 1936

I last saw him alive on Feb 16, 1936 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostate Hypertrophy	5 yrs +
Hypertension	5 yrs +
Diabetes	10 yrs
Other contributory causes of importance: Bronchopneumonia, post operative	2-15-36

Was an operation performed? yes Date of Dec 16, 1935

For what disease or injury? Benign Prostate Hypertrophy

Name of operation Bilateral Prostatectomy Date of Dec 16, 1935

What test confirmed diagnosis? Clinical Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? O If so, specify .....

(Signed) Carl E. Burkland M. D.

(Address) J. H. H.

20772 F 20772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-1 ✓163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miriam Levi Kirsh

(a) Residence: No. 4401 Fernhill Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph S. Kirsh

DATE OF BIRTH (month, day, year) Mch. 27, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

13. NAME Sigmund Levi

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Carrie Moses

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mr. Joseph Kirsh

(Address) 1301 Porter St. Richmond, Va.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Feb. 17, 1936

UNDERTAKER Ward Sondheim & Son

(Address) 1902 Eutaw Place.

FILED Feb 17 1936, 19 . . P. M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

6 45 P M

The principal cause of death and related causes of importance were as follows:

Poison

	Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2/9 1936

Where did injury occur? Baltimore City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place In brothers home 1722 Gorsuch Ave

Manner of injury Took Bichloride tablets

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Mann M. D. Coroner

(Address) 1215 Hanover St.

Spec—12-23-3—E.B.&S.—400 Bks.

F 20773

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20773

CERTIFICATE OF DEATH.

92-a

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 141 Augusta Ave. St. 20-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Anna M. Tuohy

(a) Residence No.... 141 Augusta Ave. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thos. F. Tuohy

6-DATE OF BIRTH (month, day and year) ?

7-AGE. 68 (?) yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country). Ireland

PARENTS

10-NAME OF FATHER. Thos. Landelin

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Nolan

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Ireland

14- (Informant) Mrs. Wm. A. Dugmont

(Address) 143 Augusta Ave.

15- Filed ..... 1936 Remington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb. 14, 1936

17- I HEREBY CERTIFY, That I attended deceased from November 1st, 1935, to Feb 14, 1936, that I last saw her alive on Feb. 14, 1936, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis & Arterio Sclerosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Vernon H. Carder, M. D.

, 19 (Address) 4109 Fredrick Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL. 7-17, 1936

20-UNDERTAKER. E. D. Fleming, Son

ADDRESS 1516 Lafayette Ave

20774

F 20774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-A

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Etta C. Saylor

(a) Residence: No. 1912 Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) E. Willard Saylor

7. DATE OF BIRTH (month, day, year) Nov. 7th 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Arthur Harmon Cromwell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Cromwell Saylor

(Address) 1912 W. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodsboro, Md. Date 2/18/36

19. UNDERTAKER E. J. Fanning & Son

(Address) 1438 E. Lafayette Ave.

FILED 2/17/1936 Washington Health Office, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1936 to 2-15 1936.

I last saw her alive on 2-16 1936. Death is said to have occurred on the date stated above, at 12:30 Nm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated hernia	2-5-36
Other contributory causes of importance: Broncho-pneumonia	2-13-36

Was an operation performed? Yes Date of 2-15-36

For what disease or injury? Strangulated hernia

Name of operation Herniaplasty Date of 2-15-36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) Ruby A. Dudley M. D.

(Address) Md. General Hosp

D. B. 1268-9

F 20775

20775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Willow Av St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ? mos. ? ds. How long in U. S. if of foreign birth 67 yrs. 10 mos. 4 ds.

2. FULL NAME Henry Lewis Bruce

(a) Residence: No. 512 Willow Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Flora G. Bruce

7. DATE OF BIRTH (month, day, year) York-10-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired P.O. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Government

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 41 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Co. Maryland

13. NAME Ann Crane

14. BIRTHPLACE (city or town) (State or country) London England

15. MAIDEN NAME Hannah Evans

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMANT Mrs. Flora G. Bruce (wife)

(Address) 512 Willow Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 17 1936

19. UNDERTAKER Lewis Hamerly & Co. Funeral Directors

(Address) 1300 Eutaw Place

FILED FEB 17 1936 Harrington-Williams Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1936 to Feb 14 1936

I last saw h-- alive on Feb 14 1936 Death is said to have occurred on the date stated above, at 3 30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2-3-36

Other contributory causes of importance:

Cerebral Hemorrhage followed by Hemiplegia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Evans M. D.

(Address) 612 N. 40 St

D. B. 1268-9

20776

20776 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 N. Calvert St., 12-1 Ward)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 21 yrs. 7 mos. 26 ds.

2. FULL NAME Virginia Hamill Kefauver (KEFAUVER)

(a) Residence: No. 1007-N-Calvert St., Ward. (NO WAR SERVICE)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Webster R. Kefauver

6. DATE OF BIRTH (month, day, year) June-19-1914

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	7	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

9. Date deceased last worked at this occupation (month and year) none

10. Total time (years) spent in this occupation none

11. BIRTHPLACE (city or town) (State or country) Oakland Maryland

12. NAME Gilmor Semmes Hamill Jr.

13. BIRTHPLACE (city or town) (State or country) Oakland Maryland

14. MAIDEN NAME Emily Cushing Baetz

15. BIRTHPLACE (city or town) (State or country) Maryland

16. INFORMANT Mrs Emily C. Hamill (mother)

(Address) 2129 St Paul St

17. BURIAL, CREMATION, OR REMOVAL Greenmount Date Feb-17-36, 19

18. UNDERTAKER Stewart Mortuary Co.

(Address) 108 W. Mulberry St.

19. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw her alive on [illegible] 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage due to Cerebral Syphilis	3 yrs ago

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 16, 1936

Where did injury occur? 2206 N Calvert St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home of friend

Manner of injury Fell down stairs

Nature of injury Burns & bruises

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) Coroners Office

20777 F 20777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #12130 V 123

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Johnson

(a) Residence: No. 630 W. Biddle St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-23-1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	33	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Amanda Christian

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 2/17/ 1936

19. UNDERTAKER Francis A. Kemsley
(Address) 518 W. Biddle St.

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1936 to Feb. 13 1936

I last saw her alive on Feb. 13 1936 Death is said to have occurred on the date stated above, at 8:40 p m.

The principal cause of death and related causes of importance were as follows:

Stricture of Rectum - Non malignant

Date of onset ?

Other contributory causes of importance:

Inanition

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt J Hunter M. D.

(Address) Balto. City Hospt

20778 F 20778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital Registered No. 137
CITY OF BALTIMORE: (No. Caton + Wilkens Ward 16) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Mr. Adolph Glaser If U. S. Veteran specify WAR
(a) Residence: No. 4657 Park Heights Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Freda

DATE OF BIRTH (month, day, year) Nov. 15, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	-1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Benj Glaser
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Hanna Fenn
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Albert Glaser
(Address) 4657 Pk Heights ave
18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Rosedale Date Feb 17, 1936
19. UNDERTAKER Sol Levenson Bro
(Address) 1127 E Baltimore St
19a. FILED Feb 17 1936 Huntington Williams Sec

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1935, to Feb 16, 1936
I last saw him alive on Feb 16, 1936 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	1931
Other contributory causes of importance: Cardiac failure	2-17-36

Was an operation performed? yes Date of 1-20-36
For what disease or injury? Benign Prostatic Hypertrophy
Name of operation Perineal prostatectomy Date of 1/20/36
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Louis B Whitney M. D.
(Address) 1 E Lexington St

20779 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 20779

CERTIFICATE OF DEATH

21-2 107a

1. PLACE OF DEATH University Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No. .....

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Sanders

(a) Residence: No. 1337 Ward St. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 2/1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Frank Sanders

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Meadth Ardisia

16. BIRTHPLACE (city or town) (State or country) N Carolina

17. INFORMANT Frank Sanders
(Address) 1337 Ward St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem. Date 2/17 1936
Walter B. Pugh

19. UNDERTAKER
(Address) 139 W. Hamburg St.

FEB 17 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-14- 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1936, to 2-14 1936

I last saw him alive on 2-14 1936 Death is said to have occurred on the date stated above, at 12 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho Pneumonia	2/9/36

Other contributory causes of importance:
Mongolian Idiot
Umbilical Hernia Rachitis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no. If so, specify .....

(Signed) Walter H. Genuis Jr. M. D.

(Address) University Hospital

F 20780

F-B-1268-9

0780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-3 ✓ 1788

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard E. Preece

(a) Residence: No. 2842 N. Calvert St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sue Gilbert Preece

DATE OF BIRTH (month, day, year) Dec. 19, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	1	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Richard W. Preece

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Charlotte Keen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sue G. Preece

(Address) 2842 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 17 1936

19. UNDERTAKER John B. Ritchie & Son

(Address) 1906 Eutaw Place

FILED Feb 17 1936, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Paralysis	
(During Anesthesia	
(Anesthetic used Ether)	

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 14 1936

For what disease? Remove Nasal Polypi and Drain Antrum

Name of operation Nasal Date Feb. 14, 1936

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) H. R. Culver M. D.

Coroner

(Address) 2757 E. Monument St

F 20781

F 20781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-V Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur Conthwaite

(a) Residence: No. Lake Ave & Allamont Place St., ... Ward. Balto Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Conthwaite

7. DATE OF BIRTH (month, day, year) June 30, 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 0661

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year) 2-12-36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert Conthwaite

14. BIRTHPLACE (city or town) (State or country) Fallston Md

15. MAIDEN NAME Matilda Norris

16. BIRTHPLACE (city or town) (State or country) Whiteford Md

17. INFORMANT Wife Sone

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Cem Date 2/18/36

19. UNDERTAKER R J Marshall

(Address) 2522 Gallo Rd.

20. FILED 17 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1936, to Feb 16, 1936

I last saw him alive on Feb 16, 1936. Death is said to have occurred on the date stated above, at 11 55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	2-12-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar puncture Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D Schweitzer M. D.

(Address) Sydenham Hospital

20782

F 20782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11830 V 93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11e yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Wilkinson

(a) Residence: No. 371 W. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Perry

6. DATE OF BIRTH (month, day, year) 8-19-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Perry Simms

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Caroline Chase

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 16, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Schroeder St.

FEB 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/21, 1936 to 2/14, 1936

I last saw her alive on 2/14, 1936 Death is said to have occurred on the date stated above, at 7½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	8wk.
Hypertension	5 "
Other contributory causes of importance:	
Arteriosclerosis	5 "

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Reitz, M. D.

(Address) Balto City Hosp.

20783

F 20783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 16 N Mullen ave St., 6-2 Ward)

Length of residence in city or town where death occurred 83 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter George Smith

If U. S. Veteran specify WAR

(a) Residence: No. 16 N Mullen ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Smith

6. DATE OF BIRTH (month, day, year) July 19, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT John J. Smith Son / 1932 W. Pratt St

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb. 18, 1936

19. UNDERTAKER John J. Henry / 715 Light St

(Address)

20. FILED FEB 17 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-36

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Feb 14, 1936

I last saw him alive on Jan 13, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis Myocarditis	1 Yr.
Other contributory causes of importance: Coronary Thrombosis	1 Day

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward Hoon M. D.

(Address) 413 N Fremont

0784 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 20784

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St. 15-1 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Marshall

(a) Residence: No. 1506 Presstman St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Carter

7. DATE OF BIRTH (month, day, year) July 8 1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mary Marshall

(Address) 1506 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb. 17. 1936

19. UNDERTAKER U. G. Brooks

(Address) 1462 N. Carey St.

FILED FEB 17 1936 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 . 1936 to Feb 15 . 1936

I last saw him alive on Feb 15 . 1936 Death is said to have occurred on the date stated above, at 7.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Meningococcic)	2/11/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ryron G. Fell M. D.

(Address) Sydenham Hosp.

20785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-aF 20785

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 W Barre St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie V Disney

If U. S. Veteran specify WAR

(a) Residence: No. 1022 W Barre St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, year) Nov. 25. 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Chesham E Reed

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah B Clark

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs Grace Stephan

(Address) 1022 W Barre St

BURIAL, CREMATION, OR REMOVAL

Place Druid Park Date 2/19/36 19

UNDERTAKER Bernard J Funk Inc.

(Address) 5135 Harford Road.

FEB 17 1936 C. E. Fallin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1936 to Feb 16 1936

I last saw h alive on 2/16 1936 Death is said to have occurred on the date stated above, at 4.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	1 da
Cardiac Failure	
Other contributory causes of importance: Cerebral Hemorrhage	2/31/36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Xyrost Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph H. Lankester M. D.

(Address) 619 Washington Blvd

20786

F 20786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ ✓ 34-82-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd St., Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ada Downs If U. S. Veteran specify WAR

(a) Residence: No. Glenburnie Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

If married, widowed, or divorced (or) WIFE of Matthews Downs

DATE OF BIRTH (month, day, year) Feb 15 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 6-27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenburnie Md.

13. NAME Henry Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Frances Gibbons

16. BIRTHPLACE (city or town) (State or country) Glenburnie Md.

17. INFORMANT Patrit

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Furnace Broad Date 2/17/36 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Monument St

Filed 19 Huntington Williams, M.D. Registrar

71966

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Feb. 14, 1936

I last saw h alive on Feb. 13, 1936 Death is said to have occurred on the date stated above, at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pleuro Bronchio-pneumonia	2/10/36
Other contributory causes of importance: Paralysis of lower extremities 11 yrs	Prior

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Walter Stringfellow M. D.

(Address) 1606 Penna. Ave.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

20787 ✓ 79-a F 20787

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clinton E. Little ☐ U. S. Veteran specify WAR

(a) Residence: No. 1003 Factory Lane St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 8, 1936.

7. AGE: Years | Months: 10 | Days: 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Leon Little

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Mildred Chaney

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Leon Little

(Address) 1003 Factory Lane

18. BURIAL, CREMATION, OR REMOVAL: St Mary's Ramalia Date Feb 17, 1936

19. UNDERTAKER: [illegible]

(Address) [illegible]

FILED 19 Feb 17 1936

H. Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 19 36

22. I HEREBY CERTIFY, That I had charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Death Pyogenic Meningitis (Pneumococcal)	7/13/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Redgrave M. D. Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

20788 20788 120

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE MD. St., 9-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME — Ida Bell Hunter — If U. S. Veteran specify WAR .....

(a) Residence: No. 2042 Harford Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph W. F. Hunter

DATE OF BIRTH (month, day, year): March 12 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John. P. Mettee
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Sarah. A. Hennick
16. BIRTHPLACE (city or town) (State or country): Balto. Md

INFORMANT: Mrs Joseph W. Hunter
(Address) 2042 Harford Road

BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Cemetery Date: Feb. 18, 1936

UNDERTAKER: Henry Breckons, Inc
(Address) 1201 E. Eager St

FEB 17 1936 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1936, to 2-15, 1936

I last saw her alive on 2-15, 1936. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured zygomal gland	
Generalized peritonitis	1-27-36
Congestive heart failure	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

20789

HEALTH DEPARTMENT—CITY OF BALTIMORE

20789

CERTIFICATE OF DEATH

54-D

Registered No.

1. PLACE OF DEATH Maryland General Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 6-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Charlton

(a) Residence: No. 2832 E Balto St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lee S. Charlton

DATE OF BIRTH (month, day, year) Feb. 11. 1886

AGE Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
50		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas E. Hopwood

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

15. MAIDEN NAME Virginia Morrison

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lee S. Charlton

(Address) 2832 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 2/18/36. 19

19. UNDERTAKER Frederick A. Pole

(Address) 1288 W. Lombard St.

FEB 17 1936

Huntington to Williamsport, Md.

Pole

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1936 to 2-14 1936.

I last saw her alive on 2-14 1936 Death is said to have occurred on the date stated above, at 5 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Adenocarcinoma	Oct 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-11-36

For what disease or injury? Primary Adenocarcinoma

Name of operation Exploratory laparotomy Date of 2-11-36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard A. Kelly M. D.

(Address) Johns Hopkins Hospital

Spec.—1-10-21—MAT—1500 Blks.

20790

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20790

CERTIFICATE OF DEATH. ×155

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. Kernan Hospitals ST. 2813 WARD)

2-FULL NAME Dennis Spriggs

(a) RESIDENCE NO Pasadena P.O. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6 DATE OF BIRTH (month, day, and year): June 22, 1923

7 AGE — Years: 12 — Months: 7 — Days: 23 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): A. A. Co Md

PARENTS

10 NAME OF FATHER: Dennis Spriggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Esthine Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Elizabeth Boone

(Address): Pasadena Md

15 Filed FEB 17 1936 Huntington & Baltimore

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-14 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1936, to Feb. 14, 1936,

that I last saw him alive on Feb. 14, 1936,

and that death occurred, on the date stated above, at 11:55 p.m.

The CAUSE OF DEATH* was as follows:

Open reduction of fracture of femur, previously treated with deformity, right

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Postoperative shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb. 14, 1936

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Joseph S. Ostergren M. D.

, 19 (Address) Kernan Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Magothy

DATE OF BURIAL: 2-18 1936

20 UNDERTAKER: Graves undertaker

ADDRESS 142 W. Fayette St

20791 HEALTH DEPARTMENT—CITY OF BALTIMORE 20791

100

CERTIFICATE OF DEATH

1. PLACE OF DEATH Temple Garden Apts. St. 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry Lemler

If U. S. Veteran specify WAR

(a) Residence: No. Temple Garden Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Juliet

6. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1925

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bertha

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date Feb 17 1936

19. UNDERTAKER Jack Levy Inc
(Address) 1424 E Baltimore St

FILED FEB 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 - 1936 to Dec 16 - 1936

I last saw him alive on Dec 14 1936. Death is said to have occurred on the date stated above, at 2.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bi lat Thrombo phlebitis Jan	1936
Pul Embolism Feb 16	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. J. Blechman M. D.

(Address) 350 Fallsway

ACo 5-11 2508

F 20792

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20792

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Druid Hill Ave St. 4 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Dillen Moore

(a) Residence: No. 1907 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Widow

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 10 1878

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME OF FATHER William J. Dillen
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME OF MOTHER Roxana Wilson
16. BIRTHPLACE (city or town) (State or country) Colonda
17. INFORMANT (Address) Birdie Mearl 1907 Druid Hill Ave.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date Feb 17th 1936
19. UNDERTAKER Archibald L. Gaddis (Address) 2141 W. Baltimore St.

FEB 17 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15/1936

22. I HEREBY CERTIFY, That I attended deceased from 2/10/1936 to 2/15/1936

I last saw her alive on 2/14/1936 death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/13/36
(Other contributory causes of importance) Diabetes Mellitus Post-mortem apoplexy	unk

Name of operation None Date of
What test confirmed diagnosis? Clinical + microscopical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Bowley, M. D.
(Address) 574 N. Carrollton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20793 F 20793

Registered No. 80

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 E. Fort Ave. St. 24-W4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond W. Niderman.

(a) Residence: No. 617 E. Fort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or WIFE of) Bertha E. Niderman.

DATE OF BIRTH (month, day, year) September 29, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.Co.

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William E. Niderman.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Frances Rinehart.

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Bertha E. Niderman. (wife)

(Address) 1142 Ridgely St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 18, 1936

UNDERTAKER Joseph B. Cook

(Address) 1003 N. Baltimore St.

FEB 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Smoke suffocation due to fire in room.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury sitting in chair smoking cigarette

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner

2/15/36 (Address) 1017 E. Charles St.

F 20794

M. D. B 1268-9

20794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH Franklin Square Hospital St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Sheppard (Daisy Helen Shepard) If U. S. Veteran specify WAR

(a) Residence: No. 1217 West Baltimore St, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. ~~Sheppard~~ Shepard

6. DATE OF BIRTH (month, day, year) October 23, 1881 Oct. ~~18th~~ 23rd 1881

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	54	~~07~~ 3	~~?~~ 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ~~Rapeigh~~ Raleigh N.C.
(State or country)

FATHER

13. NAME William Sigroves

14. BIRTHPLACE (city or town) North Carolina
(State or country)

MOTHER

15. MAIDEN NAME Sarah ~~Harridon~~ Harrison

16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT George W. ~~Sheppard~~ Shepard
(Address) 1217 2117 West Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place Wilmington, N. C. Date February 17 19 36

19. UNDERTAKER Joel H. Cook
(Address) 1003 W. Baltimore St.

Huntington Williams Co
(Signature)

2[illegible] 1936

MEDICAL CERTIFICATE OF DEATH 36

21. DATE OF DEATH (month, day, year) Feb, 15th 36

22. I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to No, death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	Feb. 8th 1936

Other contributory causes of importance:
Abscess & Peritonitis

Was an operation performed? No, , Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos. H. Philips M. D.
Coroner

(Address) 1939 Edmondson Ave.

M. D. B. 1268-9

✓ F 20795

20795 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH West Baltimore Gen Hosp

CITY OF BALTIMORE: (No. ..... St., 16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theodore Gross

(a) Residence: No. 902 Rosedale St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Edna May Gross

6. DATE OF BIRTH (month, day, year) 1-1-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Md

MOTHER FATHER

13. NAME Henry Gross

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Amanda Kaiser

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna May Gross

(Address) 902 Rosedale

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 2/18/36 19

19. UNDERTAKER Jno E Farley

(Address) 1900 W Fayette St

20. FILED Huntington Pennsylvania, M.T. 19

Registrar

7 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Iliac Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

(Accident, suicide, or homicide) Accident Date of Injury 2/15 1936

Where did injury occur? Edmondson ave - near Rosedale

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Struck by auto truck driven by unknown person

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Bayley Quigley M. D.

Coroner

(Address) 907 N. Charles St

F 20796

4622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 14-1 Ward)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Leroy Gilman
(a) Residence: No. 15-99 Eutaw St., Bl Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Angelia Gilman

7. DATE OF BIRTH (month, day, year) 1/10/85

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass

13. NAME Edward Gilman
14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Anna Silver
16. BIRTHPLACE (city or town) (State or country) Penn-Lancaster

17. INFORMANT Records-
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Pottstown, Pa. Date Feb. 18, 1936

19. UNDERTAKER Harold Sondheim + Son
(Address) 1902 Eutaw Place
Pallbearer Huntington Williams, MD

FEB 17 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936 to Feb 16, 1936
last saw h~~im~~live on Feb 16, 1936. Death is said to have occurred on the date stated above, at 11:45-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-5-36

Other contributory causes of importance:

Was an operation performed? — Date of —
For what disease or injury?
Name of operation — Date of —
What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John D. Ross, M. D.
(Address) The Johns Hopkins Hospital

20797 ✓ F 20797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Eutaw Place St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Isaac J. Meyer

(a) Residence: No. The Marlborough Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE Florence H. Meyer

DATE OF BIRTH (month, day, year) July 12 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Ladies Wear Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

13. NAME Jacob Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fannie Reinhard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. M. Meyer
(Address) Marlb. Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cy. Date Feb. 19 1936

19. UNDERTAKER David Sondheim - Sor
(Address) 1902 Eutaw Place
Huntington-Williams, Inc.

Registrar

B 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 16 1936 to Feby 17 1936

I last saw h alive on Feby 17 1936. Death is said to have occurred on the date stated above, at 6 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feby 16 1936
Other contributory causes of importance: Arteriosclerosis, Hypertension	1928

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutaw Place

20798 F 20798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1512 Clarkson St. 23-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Ida B. Brown

(a) Residence: No. 1512 Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Brown

DATE OF BIRTH (month, day, year) Mar. 4, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goldsboro, Md.
13. NAME John H. Bard
14. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.
15. MAIDEN NAME Margaret Wilson
16. BIRTHPLACE (city or town) (State or country) Goldsboro, [redacted] Md.
17. INFORMANT Ida. B. Bernbwinkler
(Address) 1512 Clarkson St.
18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Feb. 18 1936
19. UNDERTAKER A. Howard Evans
(Address) 1400 E. Charles St.
Huntington Williams 2/17/36 Registrar.
20. FILED 19

FEB 17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1935 to Feb. 15, 1936
I last saw her ER alive on Feb. 15, 1936 Death is said to have occurred on the date stated above, at 9:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Carcinoma of Uterus	Indefinite
Other contributory causes of importance: Exhaustion	1/14/36

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis clinical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) H. Campbell M. D.
(Address) 1644 Hanover St

20799 E 20799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hosp St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Lauretta B. Heymack

(a) Residence: No. 3011 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 13, 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 yrs	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md. ~~Pennsylvania~~

13. NAME John Rutter

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Walker

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mrs. Blanche Warner
(Address) 3011 W. North ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Feb 18 1936

19. UNDERTAKER Joseph Eyler
(Address) 1625 W. North Ave

FEB 17 1936 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-36. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-9- , 1936 to 2-15 , 1936
I last saw her alive on 2-15 , 1936 Death is said to have occurred on the date stated above, at 8 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1 yr.

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-20-36
For what disease or injury? Malignancy of Uterus
Name of operation Effloggion Curettage Date of 1-20-36
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Irene V. Bazeley M. D.
(Address) Maryland General Hosp

M. D. B 1268-9

20800 ✓ F 20800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U. S. Veteran

2. FULL NAME Helen Marguerite Stallings specify WAR .....

(a) Residence: No. 1207 N. Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arimen Stallings

6. DATE OF BIRTH (month, day, year) Feb. 2, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. & P. Telephone Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Marion P. Stallings

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Jessie M. Cuckes

16. BIRTHPLACE (city or town) (State or country) Toledo Ohio.

17. INFORMANT Catherine S. Stallings

(Address) 1701 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb. 17, 1936

19. UNDERTAKER Fred. G. Tenner & Son

(Address) 1 W. Chase St.

20. FILED 19 ..... [illegible]

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury, thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2/7, 1936.

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Inhaled illuminating gas

Nature of injury Poison by Gas

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hayes, M. D. Coroner

(Address) 1215 Hanover

801

✓ F 20801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 1700 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dolph B Bennett

(a) Residence: No. 2716 Oak St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bennett

DATE OF BIRTH (month, day, year) Dec 3 - 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoes

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Patrick H Bennett

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Sophia Farnham

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMANT Miss Louise Bennett

(Address) 2716 Oak St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date 2/19 1936

19. UNDERTAKER Chas. H. Paul Son

(Address) 118 N. Mt. Royal Ave.

71536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1936 to Feb 16 1936

I last saw him alive on 2-16 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Gangrene
Cerebral accident (?)

Date of onset
?
2-15-36
acute

Other contributory causes of importance:

Hypostatic pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A Mitkin, M. D.

(Address) Sinai Hosp.

M. D. B. 1268-9

F 20802

20802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-4

Registered No. 25-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Third St St. ward) Ward)

Length of residence in city or town where death occurred yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Walter C. Sherwood

(a) Residence: No. 3606 Third St., Ward. Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Camp

6. DATE OF BIRTH (month, day, year): April 18, 1894

7. AGE: Years 41; Months 9; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chemical Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Charles C. Sherwood

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Sarah E. Moore

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mrs. Florence C. Sherwood

(Address) 3606 Third St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk, Va. Date 2/18/36 19

19. UNDERTAKER: John C. Mitchell Sons

(Address) 1902 Fairfax Ave Norfolk Va

Registrar. 19

17 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-7, 1935, to 2-16, 1936

I last saw h/ alive on 2-16, 1936. Death is said to have occurred on the date stated above, at 5.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease.	
Cardiac Decompensation with Pulmonary Edema	1/24/36

Other contributory causes of importance:

Cardiac Hypertrophy & M. Tral Stenosis and Regurgitation	
Secondary Anemia	Feb 1-36

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul Kuhn, M. D.

(Address) 320 Rotaryan Ave

0803 ✓ F 20803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3725. E. Lombard St. St., 26-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna L. Finnerty

(a) Residence: No. 3725. E. Lombard. St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

If married, widowed, or divorced
HUSBAND of George Finnerty
(or) WIFE of

DATE OF BIRTH (month, day, year) July 28/1907

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	6	18 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Thomas. H. Sears.

14. BIRTHPLACE (city or town) Anarundel Co. (State or country) Md.

15. MAIDEN NAME Anna White

16. BIRTHPLACE (city or town) Prince George (State or country) Md.

17. INFORMANT George Finnerty.
(Address) 3725 E. Lombard. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb. 18/36

19. UNDERTAKER July 23 under
(Address) 405 S. Mill
Feb 17 1936 Washington Hollingsworth, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15/36

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Feb. 15 1936

I last saw her alive on Feb 14 1936 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Rheumatism — Date of onset 6/1/34

Other contributory causes of importance:

Chronic Edocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. B. Litsinger M. D.

(Address) 315 S. Highland Ave

Dr Ogden 2701 N. Calvert St Bal

F 20804

D. P. 1268-9

804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2545 Greenmount Ave Ward) 8

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Gallicrane

(a) Residence: No. 2545 Greenmount Ave Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Leonida Gallicrane

7. DATE OF BIRTH (month, day, year) Feb 8th 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0015

10. Date deceased last worked at this occupation (month and year) Nov 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Abram Gallicrane

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Gehael

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hazel Moddle

(Address) 2545 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Lington Rural Cemetery Feb 18 1936

Place Huntington L. I.

19. UNDERTAKER Wm. Cooke

(Address) 1219 St Paul St

Feb 17 1936 Huntington Nassau Co NY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1936, to Feb. 17 1936

I last saw him alive on Feb. 17 1936 Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4 days
Other contributory causes of importance:	
Hypertension	Unknown
Chronic interstitial nephritis	

Name of operation None Date of

What test confirmed diagnosis? ~~Was there an autopsy?~~ No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify No

(Signed) Frank M. Ogden M. D.

(Address) 2701 N. Calvert St

20805 ✓ F 20805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 21-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Conner
If U. S. Veteran specify WAR .....

(a) Residence: No. 1220 Carroll St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-9-1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Emma Children

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date Feb-17 19..

19. UNDERTAKER
(Address)

20. FILED 7-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 , 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 , 1936, to Feb-15 , 1936
I last saw him alive on Feb-15 , 1936. Death is said to have occurred on the date stated above, at 2.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 0

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... , 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Hale Saunders M. D.
(Address) Baltimore City Hospitals

✓ F 20806

0806 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

172-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hosp 4-2 (Ward) 2

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Christian Maier

(a) Residence: No. 18 North Pine St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Anna Maria Maier

DATE OF BIRTH (month, day, year) Jan 5th 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb 10th 1936

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Christoph Maier

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Beck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christian C. Maier

(Address) 18 N. Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 19th 1936

19. UNDERTAKER Wm Bock

(Address) 1217 St Paul St

17 1936 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1936 to 2-17, 1936

I last saw him alive on 2-17, 1936 Death is said to have occurred on the date stated above, at 9:20 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Generalized peritonitis	
Other contributory causes of importance:	
Cardiac failure	

Was an operation performed? Yes Date of 2-15-36

For what disease or injury? Intestinal obstruction

Name of operation? Gliendoney Date of 2-15-36

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) Chas. A. Straley, M. D.

(Address) 711 E. Fayette

F 20807

20807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

xV 107-a

Registered No. .....

1. PLACE OF DEATH Lydenham Hospital St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ...yrs. ...mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ronald Tucker

(a) Residence: No. Cella, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 19, 1934.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cella, Md.

13. NAME Arthur Tucker

14. BIRTHPLACE (city or town) (State or country) Alberton Md.

15. MAIDEN NAME Lydia Puddy

16. BIRTHPLACE (city or town) (State or country) Cella Md

17. INFORMANT Parents

(Address) Cella, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cella, Md Date 2-18 19 36

19. UNDERTAKER F. C. Hyndman Son & Co

(Address) Ellicott City Md

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1936, to Feb 17, 1936

I last saw h[illegible] alive on Feb 17, 1936 Death is said to have occurred on the date stated above, at 4 55 P m.

The principal cause of death and related causes of importance were as follows:

Streptococcus Empyema — Date of onset Feb 7

Other contributory causes of importance:

Bronchopneumonia — Feb 16

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Liffles Jr. M. D.

(Address) Lydenham Hospital

20808 E 20803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University of Maryland Hosp Ward) St.
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ..., da.
If U. S. Veteran specify WAR .....

2. FULL NAME Melvin Johnson
(a) Residence: No. 1226 Mosher St., Baltimore, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Johnson

DATE OF BIRTH (month, day, year) Dec 13-1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Expressman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Perry Johnson
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Fannie Waters
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Jennie Johnson
(Address) 1226 Mosher
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Feb. 19 1936
19. UNDERTAKER Samuel N. Chase Son
(Address) 638 N. Gilmor

FILED 19 Registrar

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1936, to 2-15, 1936
I last saw him alive on 2-15, 1936. Death is said to have occurred on the date stated above, at 11:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	
Other contributory causes of importance:	
Aortic insufficiency & decompensation	
Popliteal embolism (rt).	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation — Date of .....
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) William G. Kilpatrick, M. D.
(Address) Univ. Hosp.

20809 F 20809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hosp. St., 4 W. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Rachel Army Matthews

(a) Residence: No. 1709 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced (or) WIFE of Daniel Matthews

DATE OF BIRTH (month, day, year) Mar. 17, 1081

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Forest Bowman

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah Clark

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Tillie Matthews (daughter)

(Address) 1709 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pt. of Rocks Frederick Co. Md. Date 2/18, 1936

19. UNDERTAKER Saml. W. Chase & Son

(Address) 638 N. Gilmor

FEB 18 1936 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1936, to Feb 15, 1936

I last saw h[e] alive on Feb 15, 1936 Death is said to have occurred on the date stated above, at 7.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Failure	
Bronchopneumonia	2/6/36
Other contributory causes of importance:	
Acute Bronchitis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert L. Tyson, M. D.

(Address) 1116 Myrtle Ave

F 20810

F 20810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 180 Registered No.

CITY OF BALTIMORE: (No. 27-46 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary C. Whelan U.S. Veteran (Specify War) No War Record

(a) Residence: No. 4423 Pimlico Rd, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John F. Whelan

6. DATE OF BIRTH (month, day, year) Nov. 29 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) North Easton Mass.

FATHER

13. NAME (Father) Carmichael

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Downs

16. BIRTHPLACE (city or town) (State or country) Charlottsville Va.

17. INFORMANT James R. Whelan

(Address) 447 Post Office

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 19 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, MD

Registrar

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns caused by Burned.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Feb 15 1936.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fire in home from Stove explosion

Nature of injury Badly burned all of trunk & legs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Hann Coroner, M. D.

(Address) 1216 Hanover

B P 1268-9

20811

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20811

CERTIFICATE OF DEATH

107-W

Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 E. 30th St., 9 - Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Rodman

(a) Residence: No. 600 E. 30th St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ (or) WIFE of John W. Rodman

DATE OF BIRTH (month, day, year) Jan 25th 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	0	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Work)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME George Plotzer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ? Urban

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Marie G. Stark 600 E 30th St

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Feb 19th 36

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St Huntington Phillisons, MD

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/12/36, 19 to 2/17/36, 19

I last saw her alive on 2/16/36, 19 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/12/36

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 32 E 23rd St

F 20812

20812 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Lowman St. St. 24-1 Ward)

Length of residence in city or town where death occurred 20 yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bettie E. Hollands.

(a) Residence: No. 1421 Lowman St. St., ... Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married (or) WIFE of George L. Hollands.

DATE OF BIRTH (month, day, and year) December 12, 1897

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia.

13. NAME Charles Conley.

14. BIRTHPLACE (city or town) (State or country) West Virginia.

15. MAIDEN NAME Rose Marcum.

16. BIRTHPLACE (city or town) (State or country) West Virginia.

17. INFORMANT George L. Hollands. (husband)

(Address) 1421 Lowman St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 19th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 4 1936 Huntington Millspaugh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Steinhardt, M. D. Coroner

2/17/36 (Address) 1017 N. Charles St.

D. P. 1208-0

F 20813

20813 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2842 W. North Ave Ward) 15-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph N. Mules

(a) Residence: No. 2842 W. North Ave Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 18th 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	28	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ideal Theatre

9. Date deceased last worked at this occupation (month and year) Feb 10th 1936

10. Total time (years) spent in this occupation 6 yrs

11. BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Nathan P Mules

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. MAIDEN NAME Mary P Purdew

15. BIRTHPLACE (city or town) (State or country) Balto Md

16. INFORMANT Florence S. Mules

(Address) 2842 W. North Ave

17. BURIAL, CREMATION, OR REMOVAL Mt Olivet Feb 20th 1936

Place Date

18. UNDERTAKER Wm Cook & Paul A

(Address) 1217 [illegible]

19. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10/36 19 to Feb 16 1936

I last saw him alive on Feb 16/36 19 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 10/36
Other contributory causes of importance:	
Myocarditis	about 1 yr

Name of operation None Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or ~~homicide~~? Date of injury 19

Where did injury occur? (~~Specify~~ City or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If a

(Signed) Walter Stublatt M. D.

(Address) 220 Garrison Blvd

20814 F 20814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4404 Roland Ave. St. 27-14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Melvin Green

(a) Residence: No. 4404 Roland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Monroe

DATE OF BIRTH (month, day, year) Nov. 29, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. O. L. C. U. S. Government

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Gordon W. Green

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rosalie Stuart

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Nellie M. Green
(Address) 4404 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 2/18/36. 19

19. UNDERTAKER H. W. Mears & Son
(Address) 805 N. Calvert St.

20. FILED [illegible] 1936 [illegible] 2/17/36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1936, to Feb 15, 1936

I last saw him alive on Feb 15, 1936. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 days
Arteriosclerosis	1 year

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation (Cardiospasm) Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward E. Yeager M. D.

(Address) The Gladstone

H. D. B. 1269-9

20815 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20815

CERTIFICATE OF DEATH

134

Registered No. 6-12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 E. Baltimore St., Life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ELIZABETH EBERLE

(a) Residence: No. 2424 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Eberle

DATE OF BIRTH (month, day, year) Sept. 5. 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James F. Walker

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mathilda Sinclair

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Mrs. William Horst, 2902 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cem. Date Feb. 18. 1936

19. UNDERTAKER HENRY SANDER & SONS. INC. (Address) Baltimore & Broadway.

Filed ... 19... Registrar

B 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8. 1936 to Feb. 14. 1936

I last saw h[er] alive on Feb. 14. 1936 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Feb 11/36
Cyclitis	Feb 8/36
Cystitis with Hematuria	6 mos.

Other contributory causes of importance:

Name of operation Immunization & Tonsillectomy Date of Jan/36 Feb/36

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) G. F. Ries M. D.

(Address) 24 Lowry

F. D. B. 1268-9

20816

F 20816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 1-3

If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2323 Fleet St., (Ward)

Length of residence in city or town where death occurred Life yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME BARBARA HEISNER

(a) Residence: No. 2323 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Heisner

DATE OF BIRTH (month, day, year) June 14th 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Arnold

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Siefert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Kues (Sister)

(Address) 529 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb. 18 1936

19. UNDERTAKER HENRY SANDER & SONS, INC. Per J. Sander

(Address) Baltimore & Broadway.

B 18 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1935 to Feb. 15 1936

I last saw her alive on Feb. 13 1936 Death is said to have occurred on the date stated above, at 3.00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis — supposed on a chronic myocarditis	Feb. 15.
Arterial hypertension	1934
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George W. Lipsky, M. D.

(Address) 432 S. Patterson Park Ave.

F 20817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20817

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 McClean St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Jacobs

(a) Residence: No. 1911 McClean Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Jacobs

6. DATE OF BIRTH (month, day, year) May 9, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Jacobs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margt Untzelmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Jacobs (Address) 1911 McClean Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2/18/36

19. UNDERTAKER Harry F Curtzke (Address) 4101 Edmondson Ave

20. FILED 19 Registrar.

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11:20 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured R. Femur	
For nearly 2 months	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 1-22-1936

Where did injury occur? 12th & (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street

Manner of injury Slipped & fell

Nature of injury Fractured R. femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Hann Coroner M. D.

(Address) 1715 Hanover

F 20818

F 20818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4003 Woodhaven Ave St. 15-9 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Caroline E. Gaskins

(a) Residence: No. 4003 Woodhaven Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James T. Gaskins

DATE OF BIRTH (month, day, year) Dec 21. 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milton Pa.

13. NAME William J. Cloud

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James T. Gaskins

(Address) 4003 Woodhaven Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feby 18. 1936

19. UNDERTAKER Chas. Ortel Smith & Sons

(Address) 1900 Eutaw Place

FEB 18 1936 Huntington Williams Corp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan-4- 1936 to Feb-16- 1936

I last saw her alive on Feb-15- 1936 Death is said to have occurred on the date stated above, at 2.40a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis
Original growth in Breast

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 1933-

For what disease or injury? Carcinoma

Name of operation Breast Amputation Date of 1933-

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur Cole, M. D.

(Address) 2202 Garrison Boulevard

20819 E 20819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 9 S. Robinson St., 1-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Porter

(a) Residence: No. 9 S. Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Porter

DATE OF BIRTH (month, day, year) Aug. 17, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME — Henno

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. Porter
(Address) 9 S Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/18/ 1936

19. UNDERTAKER J. Gard Bolan
(Address) 1 Gard St Balto

20. FILED 18 1936

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936 to Feb 15, 1936

I last saw h... alive on Feb. 15, 1936 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Cerebral hemorrhage b. Hypertension	1 yr
c. Arteriosclerosis	1 yr
d. Chr. nephritis (interstitial)	7 years
e. Diabetes mellitus	5 days
Other contributory causes of importance: Pulmonary edema	1 day

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. obs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Wilenger M. D.
(Address) 303 E Balto St

10360

HEALTH DEPARTMENT—CITY OF BALTIMORE

20820 F 20820

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lilly McKinnon

(a) Residence: No. 1907 E. Eager St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of June 1903

DATE OF BIRTH (month, day, year) 10-18-1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	33 ~~35~~	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME James Balden

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Eliza Carrington

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lake Va. Date Feb 19 1936

19. UNDERTAKER Mrs Robert A. Elliott daughter
(Address) 1129 E Caroline St

Huntington W. Va.

FEB 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15- 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1935 to Feb. 15 1936

I last saw her alive on Feb 15 1936 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. G. de Lautelle M.D.

(Address) Baltimore City Hospitals

F 20821

H. D. B. 1268-9

20821 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 936 Brevard St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Taylor

(a) Residence: No. 936 Brevard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Carrie Catherine Taylor

6. DATE OF BIRTH (month, day, year): Aug 4 1902

7. AGE: Years 33; Months 6; Days 12; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Egg

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 6 yrs

12. BIRTHPLACE (City or town) (State or country): Newport City Tennessee N.C.

13. NAME: Frank Taylor

14. BIRTHPLACE (city or town) (State or country): N.C.

15. MAIDEN NAME: Mary Best

16. BIRTHPLACE (city or town) (State or country): Washington N.C.

17. INFORMANT: Mrs. Carrie Taylor

(Address): 936 Brevard St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cem Date: 2/18 19 36

19. UNDERTAKER: Frances A. Hemsley

(Address): 578 W. Biddle St.

Huntington Williams, M.D.

Registrar.

8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 16th 1936

I HEREBY CERTIFY, That I attended deceased from Jan. 22nd 1936 to Feb. 16th 1936

I last saw him alive on Feb. 12th 1936 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis — Date of onset ?

Other contributory causes of importance: Arterial Hypertension — Date of onset over ?

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Bell M. D.

(Address) 1704 Lemmon St.

20822 #11669 F 20822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 349.23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR World war

2. FULL NAME Samuel Banks
(a) Residence: No. 413 S. Dallas St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2-7-1894

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Hattie Taylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 2/18 1936

19. UNDERTAKER Francis A. Hemsley
(Address) 378 N. Biddle St
Huntington Williams, Inc.

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/12 1936 to 2/14 1936
I last saw him alive on 2/14 1936 Death is said to have occurred on the date stated above, at 2 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis (?)	10wk

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Potts M. D.
(Address) Balto City Hosp.

F 20823

323 5268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Shakespeare St., 2-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Irene J Losiewski

(a) Residence: No. 1623 Shakespeare St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): NOV 15 1935

7. AGE — Years: — Months: 3 Days: 2 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: infant

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Victoria Bartkowski

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: John Losiewski

(Address): 1623 Shakespeare

18. BURIAL, CREMATION, OR REMOVAL

Place: H Shmidansen Date: Feb 18 1936

19. UNDERTAKER: Stephan J Szafranski

(Address): 1004 S. Glenwood Ave

Filed ... 19 ... Registrar: Huntington Williams, M.D.

19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 17 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest or Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest or Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Wright M. D.

Coroner

(Address) 1010 E. Lombard Ave

F 20824

F 20824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Hickory av St. 13-7 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ignatius J. Riegel

(a) Residence: No. 3706 Hickory av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 7, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	2	~~27~~ 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Joshua Lot Riegel

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Shue

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Romaine Smith
(Address) 3706 Hickory av

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 9, 1936

19. UNDERTAKER Pennington Sons
(Address) 3616 Harford av
Huntington Phillips, Registrar

FEB 12 1936 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1936

22. I HEREBY CERTIFY, That I last saw the remains of the deceased described above, held an (Inquest, Inquiry, Coroner's Inquest) and from the evidence obtained by said (Inquest, Autopsy or Inquiry?) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Myocardial insufficiency	2 yrs
b.	
c.	
d.	
Other contributory causes of importance: asthma	1

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ed Reduskens M. D.
Coroner

(Address) Baltimore

F 20825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 4 - 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Rawlings

If U. S. Veteran specify WAR

(a) Residence: No. 720 W. Redwood St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) of Mamie Rawlings

6. DATE OF BIRTH (month, day, year) November 7, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Md.

FATHER

13. NAME Asa Rawlings

14. BIRTHPLACE (city or town) (State or country) Calvert County Md.

MOTHER

15. MAIDEN NAME Rachel Johnson

16. BIRTHPLACE (city or town) (State or country) Calvert County Md.

17. INFORMANT Mamie Rawlings

(Address) 720 W. Redwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 2-19-, 1936

19. UNDERTAKER Chas. G. Cooter

(Address) 517 N. Calhoun St.

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	
(Origin undetermined)	

Other contributory causes of importance:

—

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schnepfer M. D.

Coroner

(Address) 1919 E. Northern Ave.

F 20825

3 13 1936

20826

309384

F 20826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 10-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Jenkins

(a) Residence: No. 1213 Wilcox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1-25-36

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3 weeks 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dead
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Elmer Jenkins

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Georgia Fuller

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvert Date Feb 18th 1936

19. UNDERTAKER George E Ruth Sons
(Address) 17 E Monument St

Filed Feb 18 1936 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb-3, 1936 to Feb 16, 1936
I last saw him alive on Feb 16, 1936 Death is said to have occurred on the date stated above, at 8.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rhinitis - purulent.	about Feb
Staph media	
Infective of umbilicus.	

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

M.D.
(Address) Johns Hopkins Hospital

Spec — 1-30—M. A. T.—250 Blks

F 20827

F 20827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3200 Guilford Ave. ST., 12 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Harry F. Lindeman.

(a) RESIDENCE NO. 3200 Guilford Ave. ST., 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs 2 mos 26 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of Katherine R.Lindeman

DATE OF BIRTH (month, day, and year) November 20,1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Gustave Lindeman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Meyer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Katherine R. Lindeman. (wife)

(Address) 3200 Guilford Ave.

15 Filed 19 Huntington, Indiana, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15,1936

17 I HEREBY CERTIFY, That I attended deceased from February 11, 1936, to February 15, 1936, that I last saw him alive on February 15, 1936, and that death occurred, on the date stated above, at 9.45 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Right Hemiplegia.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 3200 Guilford Ave.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Otto M. Reinhardt, M. D.

2/17/36 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb 17 19 36

20 UNDERTAKER Stewart & Hoover Co. or Mordue

ADDRESS 108 W. Mon

F 20828

(1928) 1928-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-9

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 Virginia ave St., 27-16 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Derr

(a) Residence: No. 3317 Virginia ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Derr

6. DATE OF BIRTH (month, day, year) May 24 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 years

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jackson

14. BIRTHPLACE (city or town) (State or country) Jackson

MOTHER

15. MAIDEN NAME Jackson

16. BIRTHPLACE (city or town) (State or country) Jackson

17. INFORMANT Mrs Pauline Derr

Address 3317 Virginia ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forkwood Date 2/18 19 36

19. UNDERTAKER Wm Orth & Son

Address 1217 W Lexington St

Filed Feb 18 1936 19 Huntington Williams Registrar

18196

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the 19 day of Feb, and (from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocardial Degeneration	?

Other contributory causes of importance:

Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed) Coll Beckenhorst, M. D.

(Address) Coroner

F 20829

20829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 W. Balto. St. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth T. Shank

(a) Residence: No. 703 W. Balto. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) About 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not employed

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Thomas T. Crozier

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Rebecca Tydings

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Elsworth Reickert

(Address) Baldwin Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date 2/16 19 30

19. UNDERTAKER Wm. Cook Poulton

(Address) 1317 E. Fayette St.

Huntington Williams, Reg.

FEB 18 1930 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1930

22. I HEREBY CERTIFY, that I last took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Weller M. D.

Coroner

(Address) 2757 W. North Ave

20830.

F 20830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1936

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Bradley St. 17-1 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Shelton L. Pennell

(a) Residence: No. 606 Bradley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Pennell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nellie Bayard

(Address) 606 Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 2-18 1936

19. UNDERTAKER Byron Marie Wright

(Address) 1300 Eutaw Pl

20. FILED ..... 19 ..... Huntington Williams, Registrar

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy / Injury thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O Hann ..... M. D.

Coroner

(Address) 1216 Eutaw Pl

20831 F 20831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 N. Schroder St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Victoria Evans

If U. S. Veteran specify WAR .....

(a) Residence: No. 327 N. ~~Stricker~~ Schroder St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

3. If married, widowed or divorced HUSBAND of (or) WIFE of Randall Evans.

DATE OF BIRTH (month, day, year) Jan 5th 1872.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washing Housework

10. Date deceased last worked at this occupation (month, day, year) January 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Wilson N. C.

13. NAME John Tucker.

14. BIRTHPLACE (city or town) (State or country) Wilson N.C.

15. MAIDEN NAME Lila Wooderson

16. BIRTHPLACE (city or town) (State or country) Wilson N.C.

17. INFORMANT Randall Evans

(Address) 327 N. Schroder St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Feb. 18, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Broadway St

Huntington Md.

19..... Registrar.

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15/36. 19

22. I HEREBY CERTIFY, That I attended deceased from July 33 19.. to Feb. 15 19.. 36

Last saw her alive on 2/14 19.. Death is said to have occurred on the date stated above, at 2 o'clock p. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset 2/5/36

Other contributory causes of importance: Hemiplegia with Hypertension 7/30/34

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Lab. Was case verified by autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Gunn M. D.

(Address) 622 E. Arlington Ave

F 20832

F 20832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 49a

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.
CITY OF BALTIMORE: (No. ... St., 6-4 Ward) Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Theresa Endres (Endres)
(a) Residence: No. 214 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Endres

DATE OF BIRTH (month, day, year) Oct 4 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Nicholas Stock
14. BIRTHPLACE (city or town) (State or country) Germany ?
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Joseph Endres
(Address) 214 N. Chapel St
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 19 1936
19. UNDERTAKER Mark W. Disney & Son
(Address) 1137 Hanover St
20. FILED ... 19... Registrar

FEB 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1936 to February 16, 1936
I last saw her alive on February 16, 1936 Death is said to have occurred on the date stated above, at 3 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of ovary	
Other contributory causes of importance:	

Was an operation performed? No Date of ✓
For what disease or injury? ✓
Name of operation ✓ Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. M. Mueller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

20833 F 20833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Avenues St., ... Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs Matthew Sticker
(a) Residence: No. Barnes Station Middle River Ward. 58
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	Married

6. If married, widowed, or divorced: HUSBAND of ~~or~~ WIFE of Barbara Sticker

DATE OF BIRTH (month, day, year) Oct 15-1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (General)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER'S NAME

13. NAME Mother Sticks
14. BIRTHPLACE (city or town) (State or country) Austria
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Barbara
(Address) Middle River

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 2/18/ 1936

19. UNDERTAKER John Ulrich's
(Address) 2008 Aisquith Pimlico Williams

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1936

22. I HEREBY CERTIFY, That I attended deceased from January 25 1936 to February 16 1936
I last saw h... alive on February 6 1936 Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma-inguinal glands (right)	6-1-35
Other contributory causes of importance: Metastases to neck (glands) bypastatic pneumonia	2-8-36

Was an operation performed? yes Date of biopsy
For what disease or injury? abone
Name of operation biopsy Date of 2-6-36
What test confirmed diagnosis? Micr. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robt. F Healy M. D.
(Address) St. Agnes' Hosp.

F 20834 # 12079 F 20834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 76-10 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Anna Paul
(a) Residence: No. 3311 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman

6. DATE OF BIRTH (month, day, year) 12-8-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Conrad Heuther

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Heller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feby 20 1936

19. UNDERTAKER John Ulrich
(Address) 1402 Eastern Ave
Huntington Williams, Reg.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/3 1936 to 2/17 1936
I last saw her alive on 2/17 1936 Death is said to have occurred on the date stated above, at ~~1~~ 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6 wk
Cerebral hemorrhage (?)	1 min

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Ritz M. D.
(Address) Balto City Hosp.

F 20835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 9-5 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Jennie B. Mason

(a) Residence: No. 3107 Loch Raven Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 6 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John C. Abbott

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Isabella

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thos. Abbott

(Address) 3107 Loch Raven Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Feb 19 1936

19. UNDERTAKER John L. Black

(Address) 2008 Orleans St

Huntington Pl Balto Md

20. FILED 19 Registrar.

18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1936

22. I HEREBY CERTIFY, That I last attended deceased from _____ to _____ and that I last saw deceased alive on _____ I have no knowledge of the death of the said deceased after the time stated. The cause of death was as follows:

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3/4/36

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Ed Dedyhorn M. D.
Coroner

(Address) Coroner

Spec.—1-10-21—M&T—1500 Bks.

F 20836

F 20836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Decatur. ST. 1-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hughes, Jr.

(a) RESIDENCE NO. 511 S. Decatur ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Hughes.

6 DATE OF BIRTH (month, day, and year) October 2, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
white	53	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... Structural Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER George Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales, Md

14 Informant George Hughes, Jr.

(Address) 511 S. Decatur

15 Filed 1936, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 16 1936

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1936, to Feb. 16, 1936.

that I last saw h alive on Feb. 14, 1936,

and that death occurred, on the date stated above, at 6:25 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? X Ray.

(Signed) William S. Feasley, M. D.

, 19 (Address) 313 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Feb 18 1936

20 UNDERTAKER George W. Zurhelle

ADDRESS 137 E. Eager St

M. D. B. 1268-9

F 20837

20837 HEALTH DEPARTMENT—CITY OF BALTIMORE

149-a-107a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Sec City Hospital St. 14-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Myrtle Brown
(a) Residence: No. 1905 Brent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) Unknown 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Diggs
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Josephine Forbes
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James Brown
(Address) 1905 Brent St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/15 19 36

19. UNDERTAKER Allen A Jackson
(Address) Huntington Ave

19 Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and (from the evidence obtained by Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature detachment of placenta (full term)	
Other contributory causes of importance: Lobular pneumonia.	

Was an operation performed? yes Date of

For what disease or injury?

Name of operation Cesarean Section Date of Feb 13 36

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1510 S. Patterson Ave

20838 ✓ F 20838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St. 3-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 17 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Fannie Damico

(a) Residence: No. 305 S Exeter St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Tony Damico

6. DATE OF BIRTH (month, day, year): May 2

7. AGE: Years 19. Months 5 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York City

FATHER

13. NAME: Santo Pigota

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Fabrizina Pigota

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Santo Pigota 305 S. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/21/ 1936

19. UNDERTAKER (Address): Wendell Heptasophs 1405 Wright St. Huntingdon Pennsylvania

..... 19 ..... Registrar

18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2-12-36 . 19 , to 2-17-36 19

I last saw her alive on 2-17-36 . 19 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Peritonitis due to Acute Gangrenous & Perforated appendix — Date of onset 2-10-36 ?

Other contributory causes of importance:

Was an operation performed? yes Date of 2-12-36

For what disease or injury? Acute appendicitis

Name of operation appendectomy & drainage Date of 2-12-36

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin M. D.

(Address) West Balto Gen Hosp

20839 ✓ F 20839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Olive St. 23-2 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adolph Krihbiel

(a) Residence: No. 1606 Olive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary V. Krihbiel

DATE OF BIRTH (month, day, year) May 15, 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ? Krihbiel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary V. Krihbiel
(Address) 1606 Olive

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 2/19/36 19

19. UNDERTAKER Frederick A. Cole
(Address) 200 W. Lombard St
Huntington Williams, M.D.

20. FILED ... 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17. 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/12 1936 to 2/19 1936

I last saw h... alive on 2/19 1936 Death is said to have occurred on the date stated above, at 1045 A.M.

The principal cause of death and related causes of importance were as follows:

Dropsy — Date of onset ?

Other contributory causes of importance:

Dilated Heart

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Nelson Krihbiel M. D.

(Address) 1340 Eutaw St

M. D. R. 1205-5

F 20840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. F 20840

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S. East Ave St. 26th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Samuel Kramer

(a) Residence: No. 612 S. East Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A.

6. DATE OF BIRTH (month, day, year) Aug 10 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skilled Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam works

10. Date deceased last worked at this occupation (month and year) 6 mos.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME Sauafine F.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Schultz

(Address) 612 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Sacred Heart of Mary Date 2/19/36 19

19. UNDERTAKER Frederick A. Cole

(Address) 12 Old Town Road Huntington Station, Md.

20. FILED 19 Registrar

19 1626

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	

Other contributory causes of importance: Acute Cardiac dilatation

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Wright Coroner, M. D.

(Address) 1010 S. Broadway

M. D. P. 1268-0

✓ F 20841

HEALTH DEPARTMENT—CITY OF BALTIMORE

20841

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH 537 N Conway St

CITY OF BALTIMORE: (No. 537 St. N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Judge) Cleveland Nelkenson

(a) Residence: No. 537 N Conway St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Cleveland

6. DATE OF BIRTH (month, day, year) August 24 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	5	21/20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Judge

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year) 20 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala

FATHER

13. NAME Lee Nickerson

14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER

15. MAIDEN NAME Edith Cole

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Hall Nickerson

(Address) 402 West Baree St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date Feb 18 1936

19. UNDERTAKER Joseph A. Sivley

(Address) 409 North Mount St

Huntington Williams, Nd

FILED 2/18 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to Feb 14 1936

I last saw him alive on Feb 14 1936 and that death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Toxemia	

Name of operation Physician Deceased Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Simpkins M. D.

(Address) 501 N Fremont Ave

12210

F 20812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 6-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Flashell
If U. S. Veteran specify WAR

(a) Residence: No. 430 N. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-13-1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William H. Flashell
14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary E. Freeman
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Wed. at 2:30 P.M.
Place Balto Cemetery Date 2/19/36

19. UNDERTAKER Walter Fawcett
(Address) 3401 Edmondson Ave.

Filed 19 Registrar

2-19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1936 to Feb 16, 1936
I last saw her alive on Feb. 16, 1936 Death is said to have occurred on the date stated above, at 12 M.P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	3 yrs. ago.
with uremia	
Arteriosclerosis	unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify

M. D.
(Signed) H. L. de Sanctis
(Address) Baltimore City Hospitals

20843

F 20843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St., 15-E Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. 5 ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Blanche Cooper

(a) Residence: No. Edmondson City Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Walter Cooper.

7. DATE OF BIRTH (month, day, year) About 1896.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 40.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madison Va.

MOTHER FATHER

13. NAME Lorenza Jenkins

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Edna Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr. Jas Albert Johnson (Address) Tidewater Rd. Edmondson City

18. BURIAL, CREMATION, OR REMOVAL Mary's Rumpdon Date Feb 19 1936

19. UNDERTAKER Walter Davis (Address) 3418 Edmondson Ave

19 Huntington Williams, Md

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16 19 36

22. I HEREBY CERTIFY, That I attended deceased from 2/11 19 36 to 2/16 19 36

I last saw h alive on 2/16 19 36 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset .....
Chronic myocarditis — .....
Chronic Nephritis — .....
Myocarditis — .....

Other contributory causes of importance:

Bronchio-Pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. J. Alesse M. D.

(Address) West Baltimore General Hosp

20814

F 20844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X 184

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ww yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph France Jr

(a) Residence: No. Woodbrook Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 23 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph France

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Thom

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Dr. Richard Frances
(Address) Woodbrook Md

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Feb 19 1936

19. UNDERTAKER Henry W Jenkins & Son
(Address) 1 E Eutaw St Baltimore Md

Filed 19 Registrar.

18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the person and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistolshot wound self inflicted	2/17/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/17 1936
Where did injury occur? Woodbrook Md (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Playing with pistol
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C H Didenhover M. D.
Coroner
(Address) Towson

M. D. B. 1269-A

20845

HEALTH DEPARTMENT—CITY OF BALTIMORE

20845

CERTIFICATE OF DEATH

X82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Scott Anstine

If U. S. Veteran specify WAR

(a) Residence: No. Washington Ave. Lansdowne Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara E. Anstine

6. DATE OF BIRTH (month, day, year) Jan. 17, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Parkton Md.
(State or country)

FATHER

13. NAME David Anstine

14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Ella Broadbeck

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Clara E. Anstine
(Address) Lansdowne

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 18. 1936

19. UNDERTAKER John H. Kenny
(Address) 715 Light St.

Huntington Ave, Md.

20. FILED Feb 18 1936, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. H. Mullen M. D.
Coroner

(Address) 737 W. Monroe St.

20846 # 1131 F 20846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-1 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mildred Kintzel

(a) Residence: No. 2417 Greenmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harold Kintzel

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Fink

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ida Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Linden Park — Date Feb 19 1936

19. UNDERTAKER Mary Lee Wagefield
(Address) 501 E Lexington Williams, Reg

FEB 18 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/31 1936 to 2/17 1936

I last saw her alive on 2/17 1936 Death is said to have occurred on the date stated above, at 2 50/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	4 yr.
Hypertension	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

20847 ✓ F 20847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2730 Huntington Ave St., 42-7 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 0 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Everlena Brown

(a) Residence: No. 2730 Huntington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of Thomas F Brown

DATE OF BIRTH (month, day, year) March 30-1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Dulaney

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thomas F Brown

(Address) 2730 Huntington Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt Olivet Cemetery Date Feb 19 1936

19. UNDERTAKER Franklin H. Seely

(Address) 709 W 33 St

20. FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1936 to Feb 16th 1936

I last saw he alive on Feb 16th 1936 Death is said to have occurred on the date stated above, at 6 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia, Bronchopneumonia	Jan 1936
Acute Myocarditis	
(Acute Cardiac Dilatation)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. A. Terrick M. D.

(Address) 361 N Fulton Ave, Cor Baltimore

20848 ✓ F 20848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Pennsylvania Ave St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Martha Means

(a) Residence: No. 1322 Pennsylvania ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 15 1870

7. AGE: Years 65 | Months 8 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charlotte N. C.

FATHER

13. NAME: Louis Ernest

14. BIRTHPLACE (city or town) (State or country): Charlotte N.C.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Lessie Means daughter

(Address) 1322 Penna ave

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cemetery Feb 18 1936

Place Date

19. UNDERTAKER: Adolphus Halstead

(Address) 9 E Lanvale

Huntington Williams Mgr

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 15 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquest, thereon and from the evidence obtained by said Inquest, found that said deceased came to death on the day stated above. 12:45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O Kaye Coroner M. D.

(Address) 1215 Hanover

M. D. B 1268-9

20849 E 20849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH 3024 Dillon St., 1-1 Ward)

CITY OF BALTIMORE: (No. 3024 Dillon St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Hofmann If U. S. Veteran specify WAR.

(a) Residence: No. 3024 Dillon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theresa

6. DATE OF BIRTH (month, day, year) Dec 9 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Bavaria Germany

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Julia Hofmann (Dau) (Address) 3024 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Feb 20 1936

19. UNDERTAKER Fally & Zeiler (Address) 405 S. Monroe St.

20. FILED Feb 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy & inquiry find that said deceased came to ... death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Feb 16

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

M. D. B 1268-9

✓ F 20850

20850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 186a

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ~~Unknown~~ St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME David Neighoff

(a) Residence: No. Hamble Ave. Orchard St., Ward (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6a. If married, widowed, or divorced HUSBAND of Catherine Neighoff (or WIFE) of

6. DATE OF BIRTH (month, day, year) Mar. 22 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimor Md.

FATHER

13. NAME Jacob.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Oregon Neighoff.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/18/36

19. UNDERTAKER F. D. Thurnau Son

(Address) 800 Eutaw Place

20. FILED 2 18 1936

Pennington-Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jan 20 — 1936	(1-20-36
a Fractured Hip	

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury, 19

Where did injury occur? Near Catonsville Rd. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Public Place

Manner of injury Fall on street

Nature of injury fractured R. hip.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos. H. Phillips, M. D.

Coroner

(Address) 1939 Edmondson Ave.

✓ Grave # 2

20851

HEALTH DEPARTMENT—CITY OF BALTIMORE

20851

CERTIFICATE OF DEATH

34-82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 Edmondson Ave. St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Russell Armsted

(a) Residence: No. 634 Edmondson Ave. St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT No information.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Feb 18 , 1936

19. UNDERTAKER

(Address)

20. FILED FEB 19 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. Found, 2 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage,	
(Coma)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann, M. D.

Coroner

(Address) 124 Hanover

THE MORGUE

✓ F 20852

F 20852 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 146

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital St., W Ward)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lorraine Schaefer

(a) Residence: No. Westminster, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: Elmer L Schaefer

6. DATE OF BIRTH (month, day, year): 1916

7. AGE: Years 19 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home

10. Date deceased last worked at this occupation (month and year): Feb 18

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Geo. Edwards Peeling

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Ella B. Mumm

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Husband

18. BURIAL, CREMATION, OR REMOVAL: Place Providence Westminster Md Date Feb 18 36

19. UNDERTAKER (Address): H Bankard & Son or Westminster Md

18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 (8:00 P.M.) 1936 to Feb 18 (2:40 A.M.) 1936

I last saw her alive on Feb 18, 1936. Death is said to have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance were as follows:

Post Partum Eclampsia — Date of onset 2/17/36

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E V Dubay, M. D.

(Address) Univ. Hosp.

20853 F 20853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13-3 Ward)

Length of residence in city or town where death occurred 6 years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susie Parker

(a) Residence: No. 1204 Clendenin St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 8-16-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81		6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala.

MOTHER FATHER

13. NAME Hampton Walker

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Dolly

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Auburn Date 2-18-1936

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 1611 E. Fayette St.

2-18-1936 Mrs. Geo. H. Holland 1611 E. Fayette St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1934 to 2/16, 1936

I last saw her alive on 2/16, 1936 Death is said to have occurred on the date stated above, at 5:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4 mos
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Ruth M. D.

(Address) Balto City Hosp.

20854 ✓ F 20854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) (St.) (Ward) 2-3

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Bust

(a) Residence: No. 2327 Madison Ave (St.) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Bust

6. DATE OF BIRTH (month, day, year) Nov. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 58	Nov.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Emma N. Tucker

(Address) 2327 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cape May N. J. Date 2/19/36 19

19. UNDERTAKER Mrs. Lange & Ford and

(Address) 160 E. Dru[illegible] Ave

20. FILED B 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.14 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 2.13. 1936 to 2.14 1936

I last saw him alive on 2.14 1936. Death is said to have occurred on the date stated above, at 4.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1.24.36
Subacute pyelonephritis	1 yr. 30

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) R. H. Jackson M. D.

(Address) 625 N. Arlington Ave.

0855

F 20855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH # 197-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti ore City Hospital St., 76-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Chalk

(a) Residence: No. Main St., Laurel, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-29-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Md.

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Mtn Lawn Date Feb 18 19 36

19. UNDERTAKER
(Address)

6 1936 Huntington Williams, Inc.
2117

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 1932 19 to 2/15 1936

I last saw him alive on 2/15 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	2-3
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

5970 ✓ F 20856

20856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Nelson Wiley

(a) Residence: No. 645 Fairmount Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6a. If married, widowed, or divorced BUSHAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35 36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wilson Wiley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Hannah ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. Med School Date Feb 15 1936

19. UNDERTAKER

(Address)

20. FILED [illegible] Registrar

2118

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14 1936

22. I HEREBY CERTIFY, That I attended deceased from J-25 1935, to 2-14 1936

I last saw h im alive on 2-14 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine (4th-5th Lumbar Vertebra & Sacrum)	2 yr
Other contributory causes of importance: Insuition	6 mo

Was an operation performed? Yes Date of 3-25-35

For what disease or injury? Tuberculosis of Spine

Name of operation Incision & Drainage Date of 3-26-35

What test confirmed diagnosis? X-ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Ole Brantegan, M. D.

(Address) Baltimore City Hosp.

0857 ✓ F 20857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#11659 46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1901 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Dawson

(a) Residence: No. 2020 Orleans St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~MALE~~ Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-29-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	56	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sophia Dionn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Baltimore City Hospt.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Potters Field Date Feb 18 1936

19. UNDERTAKER

(Address)

20. FILED [illegible] Registrar.

6 1936

2119

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-11- 1936 to 2-16 1936

I last saw h[illegible] alive on 2-16 1936 Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum with metastasis to liver — Date of onset ?

Other contributory causes of importance:

Anemia due to Cachexia — ?

Arteriosclerosis, Renal — ?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) A A Brantigan M. D.

(Address) Baltimore City Hosp.

F 20838

0858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 14-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Hile

(a) Residence: No. 10 N. Calhoun Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) February 7, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospital

MOTHER

13. NAME Arnold Hile

14. BIRTHPLACE (city or town) (State or country) Charlottesville Virginia

15. MAIDEN NAME Marguerite Maxine Buchanan

16. BIRTHPLACE (city or town) (State or country) Craigsville Virginia

17. INFORMANT (Address) Records of Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] School Date Feb 18 , 19 36

19. UNDERTAKER

(Address) [illegible] Washington Blvd

FILED Feb 1936 [illegible]

2120

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 , 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 , 1936 to Feb 13 , 1936

I last saw h.[illegible] alive on Feb 13 , 1936 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage (Birth Injury)	2/7/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Theodore Deaver , M. D.

(Address) Johns Hopkins Hospital

20859 ✓ F 20859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St., 10-1 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Brown

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Brown

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Denis Mc Henry.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Cecilia Deny.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sister Stanislaus, Supr.

(Address) Little Sisters of the Poor 1200 Valley St city

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 19, 1936

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Grandview Ave Arlington Philadelphia

Registrar.

FEB 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 -- , 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931 to Feb 17 1936

I last saw h[illegible] alive on Feb 15, 1936. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Mc Barker, M. D.

(Address) 111 Harlem

0860 E 20860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 Walcot Ave. St. 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Frederick H. Shipferling.

(a) Residence: No. 3110 Walcot Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Shipferling.

6. DATE OF BIRTH (month, day, year) June 2[illegible].1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sargent 1861

10. Date deceased last worked at this occupation (month and year) [illegible] 1934

11. Total time (years) spent in this occupation 43 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George P. Shipferling.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Ehrhardt.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT A. P. Shipferling

(Address) 507 Kingston Road

18. BURIAL, CREMATION, OR REMOVAL FEB 20 1936

Place Baltimore Date 19

19. UNDERTAKER Robert S. Little

(Address) 2700 Edmondson Ave.

FEB 18 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 36 to Feb 17 36

I last saw h[illegible] alive on Feb 16 1936 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis — Coronary Sclerosis	2yrs 10 days
Other contributory causes of importance: Arterio Sclerosis	2yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Gray M. D.

(Address) 6 W Franklin

20861 ✓ F 20861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Roland Avenue St., 27-13 Ward)

Length of residence in city or town where death occurred 21 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 20 yrs. -- mos. -- ds.

2. FULL NAME Sister M. Edmund Sullivan

If U. S. Veteran specify WAR .....

(a) Residence: No. 5712 Roland Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) Sept. 17, 1875

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) --------- Ireland

FATHER

13. NAME John Sullivan

14. BIRTHPLACE (city or town) (State or country) --------- Ireland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) --------- Ireland

17. INFORMANT Mother M. Placide Wallace

(Address) 5712 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 2/19 1936

19. UNDERTAKER Bayley & Meares Inc.

(Address) 5-25 W. Saratoga St.

2/18 1936 Huntington Williams, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from July . 1933. to 2/18/36 . 19

I last saw h... alive on 2/12/36 . 19 . Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myelogenous Leukemia	1933

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood stk Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles Ahearn M. D.

(Address) 5712 Roland Ave

F 20862

20862 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2141 Hollins St., 70-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Bertha E. Garretson
If U. S. Veteran specify WAR

(a) Residence: No. 2141 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas E. Garretson

6. DATE OF BIRTH (month, day, year) Sept. 10 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) M. D.

FATHER

13. NAME John L. Bratton

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Mary Ashley
(Address) 2141 Hollins

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 2/19, 1936

19. UNDERTAKER J. Fenwick McCully & Son
(Address) 1328 W. Fayette St.

Examined - Williams
Recorded - WPA

FEB 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936, to Feb. 16, 1936.
I last saw her alive on Feb. 15, 1936. Death is said to have occurred on the date stated above, at 5:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	2 days.
Other contributory causes of importance: Chronic myocarditis & hypertension - arteriosclerosis	yrs

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Calvin Hitt M. D.
(Address) 41 Juniper Rd.

M. D. B 1268-9

20863 F 20863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH City Hospitals Registered No. 210-M

CITY OF BALTIMORE (No. 96-13 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Fuder

(a) Res. Maryland Ave Essex Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Raymond Fuder

6. DATE OF BIRTH (month, day, year) February 11-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Gs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Pikesville Md

MOTHER

13. NAME Mrs. Fuder

14. BIRTHPLACE (State or country) Essex Md

FATHER

15. NAME Francis C Flaherty

16. BIRTHPLACE (State or country) Pa

17. INFORMANT Albert Raymond Fuder

(Address) Essex Md

18. BURIAL, CREMATION OR REMOVAL

Place St Peters cemetery Date 2/19/36

19. UNDERTAKER John F Cousins

(Address) Essex Md

8 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/36 5 AM

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia Septicemia — Date of onset 2/10/36?

Other contributory causes of importance:

Fracture Right Leg

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 31, 1935

Where did injury occur? Lombard Drive & Easton Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

How was injury sustained? Struck by bond after it has blown off parked auto truck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signature Fisher Bartlett Acte M. D. Coroner

(Address) 907 N. Charles

M. D. P. 1268-9

F 20864

20864 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 S. Wolfe St., 7-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherina Hemick

(a) Residence: No. 235 S. Wolfe St., Ward. No Wes Room

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word) Widowed

6a. If ~~single~~, ~~married~~, ~~widowed~~, or ~~divorced~~ WIFE of Oscar Wm Hemick

6b. DATE OF BIRTH (month, day, year) May 23rd 1856

7. AGE Years 79 Months 8 Days 24 If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Martin Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna M Z.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Laura Williams 235 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Feb 20th 36

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

FEB 18 1936 Huntington Avenue, No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1936 to Feb 17 1936

I last saw her alive on Feb. 17 1936 Death is said to have occurred on the date stated above, at 12 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	?
Other contributory causes of importance:	
Myocarditis	?

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If ... specify

(Signed) Geo. Heller M. D.

(Address) 1937 Geo. Heller Gough St

✓ F 20865

HEALTH DEPARTMENT—CITY OF BALTIMORE

20865

CERTIFICATE OF DEATH

108

Registered No. 19-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Vet. specify War No War Roose

2. FULL NAME Anna Ritter

(a) Residence: No. 353 S. Fulton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert a Ritter

6. DATE OF BIRTH (month, day, year) 10-31-98

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Feb 9th 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Labarre

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Katie Simon

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place David Ridge Date Feb 20th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Huntington Williams, Asst. Registrar.

FEB 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/1936

22. I HEREBY CERTIFY, That I attended deceased from 2/13/1936 to 2/18/1936

I last saw her alive on 2/18/1936 Death is said to have occurred on the date stated above, at 4:50 a. m.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Labar pneumonia	2wk.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external rauses (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Baltimore Hosp.

F 20868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 E. Fayette St. St., 2-2 Ward)

Registered No. ~181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joseph P. Schoepplein

U.S. Veteran? World War. specify WAR

(a) Residence: No. 311 S. Register St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 26/1890

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
46		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Skill Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Anthony. Schoepplein

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Margaret. Weissbeck

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Mary. Black
(Address) 311 S. Register. St.

18. BURIAL, CREMATION, OR REMOVAL
Place National. Cem. Date Feb. 19 19 36

19. UNDERTAKER Lilly & Sidney
(Address) 453 Wolfe

20. FILED FEB 19 1936 Harrington for Wilmot

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16 '36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second & third degree burns of body	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 16 19 36

Where did injury occur? 1218 E. Fayette St. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Friend's Home.

Manner of injury Oil stove burned him.

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
—
If so, specify

(Signed) Paul Schaefer, M. D. Coroner

(Address) 1919 E. North Ave.

20867

HEALTH DEPARTMENT—CITY OF BALTIMORE 20867

CERTIFICATE OF DEATH

21-1 194-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Burgundy Al. near West St. 21-1 Ward)

Length of residence in city or town where death occurred 9 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William N. Pergantis.

(a) Residence: No. 1201 Ridgely St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) January 16, 1924

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erie, Pa.

13. NAME Nicholas Pergantis.

14. BIRTHPLACE (city or town) (State or country) Greece.

15. MAIDEN NAME Dina P. Nakris.

16. BIRTHPLACE (city or town) (State or country) Greece.

17. INFORMANT Nicholas Pergantis. (father)
(Address) 1201 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Feb. 19 1936

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md.

FILED FEB 19 1936 Huntington Mortuary Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull, crushed about chest and body.	
Caught under falling pile of iron.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/17/36 19...
Where did injury occur? Burgundy St. near West St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place private property
Manner of injury fell of pile of iron.
Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto W. Reinhardt M. D.
Coroner
(Address) 1017 E. Charles St. 2/19/36

M. D. B 1768-9

F 20868

F 20868 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 202 E. 32nd St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Augustine A. Doyle

(a) Residence: No. 202 E. 32nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Rosney

6. DATE OF BIRTH (month, day, year) June 23, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk & Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year) 6/39

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Doyle

14. BIRTHPLACE (city or town) ------- (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Monoghan

16. BIRTHPLACE (city or town) -------- (State or country) Ireland

17. INFORMANT Mrs. Mary A. Doyle
(Address) 202 E. 32nd Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 2/20 1936

19. UNDERTAKER Henry Mc Meaks and Son
(Address) 506 N. Eutaw St.

Registrar.

191936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1936

22. I HEREBY CERTIFY, That I [illegible] the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Feb 10

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) [illegible] Coroner M. D.

(Address) Coroner

F 20869 F 20869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 913 E. Madison St. 10-25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs., mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Bertha Cummings
(a) Residence: No. 913 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. Color or Race: C
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles Cummings
6. DATE OF BIRTH (month, day, year): 1880
7. AGE: Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Centerville Md

FATHER
13. NAME: George Price
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Louise Kugler
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Charles Cummings
(Address): 913 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Cem. Date 2-20-1936

19. UNDERTAKER: Byron Mamie F. Keyser
(Address): 1298 Lanc & Leicester Ave

Huntington Williams, M.D. Registrar.

BTS 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/2, 1936 to 2/16, 1936
I last saw h. alive on 2/15, 1936 Death is said to have occurred on the date stated above, at 2 00 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis (uremia)	Dec. 35

Other contributory causes of importance:

Arterio-Sclerosis Myocarditis	—

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Major Cummings M. D.
(Address) 15 W E. Madison St

F 20870

F 20870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 St Mathews St., 5-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A James

(a) Residence: No. 1208 St Mathews St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Maude James

6. DATE OF BIRTH (month, day, year): 11-29-1880

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cambridge Md

FATHER

13. NAME: Andrew Robert

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Rebecca James

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Maude James
(Address): 1208 St Mathews St

18. BURIAL, CREMATION OR REMOVAL
Place Mt Calvary Cem Date 2-19-, 1936

19. UNDERTAKER: Bayne Drama & Wright
(Address): 1222 Pennsylvania Ave

20. FILED ... 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1936 to 2-16, 1936

I last saw him alive on 2-16 1936 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2/7/36
Other contributory causes of importance: Essential Hypertension	1/2/31

Name of operation No Date of ...

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.

(Address) ...

F 20871

F 20871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St. 16-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benj. Smith

(a) Residence: No. 923 Parrish Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Smith

6. DATE OF BIRTH (month, day, year) July 6, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician (Musician)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) Union City (State or country) South Carolina

FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) Union City (State or country) South Carolina

MOTHER

15. MAIDEN NAME Georgiana Foster

16. BIRTHPLACE (city or town) Union City (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemetery Date 2-20 19 36

19. UNDERTAKER Chas. S. Cosby
(Address) 2114 Huntington Ave. Baltimore, Md.

FILED 2-21 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1936 to Feb. 17 1936
I last saw him alive on Feb. 17 1936 Death is said to have occurred on the date stated above, at 12.05 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karfgin M. D.
(Address) Baltimore City Hospitals.

M. D. B. 1268-9

F 20872

F 20872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 S Chas. St. 22-1 Ward)

Length of residence in city or town where death occurred ....yrs. 7 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. .... mos. .... ds.

2. FULL NAME Samuel Eugene Zeller.

(a) Residence: No. 523 S Chas St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17-35

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7 mo	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Milton Eugene Zeller

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Strickell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Father.
(Address) 523 S Chas St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Mem Date Feb 19th 1936

19. UNDERTAKER Leo G. Lacook
(Address) 1703 N Pattison Park Ave
Huntington Philadelphia

Filed ..... 19..... Registrar.

F 20872

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1936 to Feb 18, 1936

I last saw him alive on Feb 18, 1936 Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Feb 14, 36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M. L. Lichtenberg M. D.

(Address) 22 W Madison Ave.

M. D. P. 1268-9

20873 HEALTH DEPARTMENT—CITY OF BALTIMORE 20873

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Clarkson St. St., 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Peters

(a) Residence: No. 1730 Clarkson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 26 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yard Gang

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John C. Peters

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Bayner

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs. Florence V. Bradley
(Address) 1730 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 20, 1936

19. UNDERTAKER J. Few McCully
(Address) 1305 E. Fay[illegible]

20. FILED [illegible] 19 [illegible]
FEB 19 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1935 to Feb 17 1936

I last saw him alive on Feb 17 1936. Death is said to have occurred on the date stated above, at 2:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	[illegible]
Other contributory causes of importance: Pneumonia	4 days

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. L. Lamborn M. D.

2/18/36 (Address) 1404 Hanover

F 20874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20874

72-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William F Potee

(a) Residence: No. 3203 Westonia Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Catherine Potee

6. DATE OF BIRTH (month, day, year) Nov 2, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman at

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. woolen mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm. Potee

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Catherine C. Jones

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 2/21, 1936

19. UNDERTAKER L. F. McCully
(Address) 130 E Fort Ave

20. FILED FEB 22 1936 (Signature) Wilmer Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1936, to 2-17, 1936

I last saw h.. alive on 2-17, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	
Pectoris Hemorrhoids	
Anemia Secondary	

Other contributory causes of importance:
Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Kenney M. D.
(Address) Maryland Trust Bldg

20875 F 20875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Milford Ave St., 28-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann C. Jeffers [C FOR CATHERINE] If U. S. Veteran specify WAR

(a) Residence: No. 3200 Milford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Jeffers

6. DATE OF BIRTH (month, day, year): Feb 6 1849

7. AGE: Years 87 | Months 0 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: John Pumphrey

14. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

MOTHER

15. MAIDEN NAME: Catherine Goodhall

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs. Benj. Womack

(Address) 3200 Milford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Feb 21 19 36

19. UNDERTAKER: Wm. J. Tyrkner & Sons

(Address) North & Pennsylvania Aves

Huntington Williams, M.D.
Registrar.

FEB 19 1936 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 18 19 36

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 19 36 to Feb. 18 19 36

I last saw her alive on Feb. 18 19 36 Death is said to have occurred on the date stated above, at 1 45 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset 1 day

Other contributory causes of importance:

Chr. myocarditis — several years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) J. Fullerton M. D.

(Address) 700 Liberty Heights Ave

F 20876

F 20876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.

CITY OF BALTIMORE: (No. 1213 Light St St. 15-D Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs 5 mos 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Tho. Sullivan

(a) Residence. No. 1714 Laurens St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Helen L. Sullivan

6. DATE OF BIRTH (month, day, year) August 21st 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner-Self

10. Date deceased last worked at this occupation (month and year) Dec 1935

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Paola Sullivan

14. BIRTHPLACE (city or town) (State or country) Manchester, Md.

MOTHER

15. MAIDEN NAME Rachel Haines

16. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

17. INFORMANT (Address) Miss Mary Sullivan (Sister), 1714 Laurens St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Feb 22nd. 1936

19. UNDERTAKER (Address) Wm J Dabney + Sons North + Pa. Ave

Huntington Williams, Md.

20. FILED FEB 19 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1936 to Feb 19, 1936

I last saw h~~im~~ alive on Feb 19, 1936 Death is said to have occurred on the date stated above, at 2.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis with uremia	
Terminal broncho-pneumonia	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Webb M. D.

(Address) 1213 Light St

(Caplan)

F 20877

20877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Street St., 15 Ward) 12

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 36 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Ida Caplan

(a) Residence: No. 2420 Violet Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of David Caplan

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 2/20/36

Helen Southern Ave

19. UNDERTAKER Paul F. Lang Inc

(Address) 1143 E. Baltimore St

Huntington Williams, Inc

Filed 2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1936 to Feb 18, 1936

I last saw h-e alive on Feb 18, 1936 Death is said to have occurred on the date stated above, at 8 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Terminal Bronchopneumonia	2/14/36

Other contributory causes of importance:

Diabetes Mellitus

Hypertension Past 10 Years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, Specify .....

(Signed) George Schochet General M. D.

(Address) West Baltimore & Hospital

Spec.—1-10-21—M&T—1500 Blks.

20878 ✓ F 20878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 741 E Preston ST. 10-1 WARD)

2-FULL NAME Helen Gertrude Bramwell

(a) RESIDENCE NO. above (741 E Preston) ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, (of) WIFE of: J. Neville Bramwell

6 DATE OF BIRTH (month, day, and year): [illegible] 1898

7 AGE: Years 38 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Chas H. Bickell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md.

12 MAIDEN NAME OF MOTHER: Minnie Dressel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Husband Mr. Bramwell 741 E Preston

Registered 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/17 1936

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1935, to Feb 17, 1936, that I last saw h alive on Feb 16, 1936, and that death occurred, on the date stated above, at 30, m.

The CAUSE OF DEATH* was as follows:

Cardio Myocarditis

Following Rheumatic Fever

Yrs

(duration) 30 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Chicken Pox !!!

Terminal (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? V Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry D. Carter M. D.

2/17 1936 (Address) 1111 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: 2/20 1936

20 UNDERTAKER: John Ulbrich

ADDRESS 2007 Arlington Ave.

M. D. B. 1268-9

20879

✓ F 20879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

190

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 Moore St. 11-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Kane

(a) Residence: No. 438 Moore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT City Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med. School Date Feb 6 . 1926

19. UNDERTAKER .....
(Address)

20. FILED ..... . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 . 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said " " (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. found 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... . 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Mann Coroner, ... M. D.

(Address) 12:15 Hanover

21:22

M. D. B. 1268-9

20880

✓ F 20880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Schultz

If U. S. Veteran specify WAR .....

(a) Residence: No. 44 E. York St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date decreased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Med. School Date Feb 9 . 19 37

19. UNDERTAKER .....

(Address) .....

20. FILED ..... . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. M. Wright M. D. Coroner

(Address) 1010 S. Ellwood Ave

2123

20881 ✓ F 20881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 17-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy West (Foster)

(a) Residence: No. 813 Bradley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Premature

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Premature Newborn

6. DATE OF BIRTH (month, day, year) Feb 16, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Dodson

14. BIRTHPLACE (city or town) (State or country) Columbia S.C.

MOTHER

15. MAIDEN NAME Marie West

16. BIRTHPLACE (city or town) (State or country) Hampton Va.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Feb 19 1936

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar. Mar Wm B. WOODALL.

2125

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 3.36 P.M. 1936 to Feb 16, 11.43 P.M. 1936.

I last saw him alive on Feb 16 11.43 P.M. 1936. Death is said to have occurred on the date stated above, at 11.43 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity (3 wks) — Date of onset 2/16

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. H. DuCuy M. D.

(Address) Univ. Hosp

20882 ✓ F 20882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Burnette

If U. S. Veteran specify WAR .....

(a) Residence: No. 926 N Pine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Newborn.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Newborn

c. DATE OF BIRTH (month, day, year) Feb 4, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hosp Baltimore Maryland

FATHER

13. NAME Charles Henson

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Doris Burnette

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Feb 19, 1936

19. UNDERTAKER

(Address)

20. FILED ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1936 to Feb 14, 1936

I last saw him alive on February 13, 1936. Death is said to have occurred on the date stated above, at 5.A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	2/4
Aspiration pneumonia	2/14

Other contributory causes of importance:

Prematurity

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. H. Young, M. D.

(Address) Univ. Hosp.

2126

Spec.--1-12-23—M&T—500 Blks.

20883 ✓ F 20883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4018 (St.) Belleview (Ward) 27-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Willing

(a) RESIDENCE NO. 4018 Belleview St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): new born

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1936

7 AGE: Years ½ hr. Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Hudson D. Willing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salisbury Md

14 Informant Father

(Address)

Feb 19, 1936, Huntington Williams, M.D.

Registrar

2121

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1936, to Feb. 14, 1936

that I last saw him alive on Feb. 14, 1936

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Prematur birth (6 mos. ruk)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emmett Douglas, M. D.

Feb 15, 1936 (Address) 700 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: J.H. Med School

DATE OF BURIAL: Feb 19 1936

20 UNDERTAKER

ADDRESS

20884 ✓ F 20884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. 2explicit Wilkens & Caton Aves. St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sister Agnes Mansini

(a) Residence: No. St. Agnes Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	10	7 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sr of Charity

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Joseph J Mansini

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Martha Grepp

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Sr. Anna Conley

(Address) St Agnes Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec. 20 1936

19. UNDERTAKER Martin Cabaroom

(Address) 1827 Pt. Pleasant

Huntington Williams

19 ..... Registrar

B 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1935 to 2-18 1936

I last saw her alive on 2-18- 1936 Death is said to have occurred on the date stated above, at 9.40 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 3 yrs

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/13/35

For what disease or injury?

Name of operation Thoracoplasty Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl G Merkel M. D.

(Address) St Agnes Hosp

F 20885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Noble St. St., 76-4 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard E. McElroy

(a) Residence: No. 3410 Noble St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia McElroy

6. DATE OF BIRTH (month, day, year) Jan 16/1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Constable 1908

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Courts Govt

10. Date deceased last worked at this occupation (month and year) Feb 1936

11. Total time (years) spent at this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James McElroy

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Maynard — —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Sophia McElroy

(Address) 3410 Noble St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/21/36 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St.

Huntington Williams, M.D.
Registrar

20. FILED 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1936, to Feb 18, 1936

I last saw h... alive on Feb 18, 1936. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Cer. Scl. Cardiac Vascular disease.	1 yr.
Acute Fibrillation	

Other contributory causes of importance:

C. P. C. of Lungs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Gordon, M. D.

(Address) 3410 E. Baltimore St.

✓ F 20886

20886 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

Registered No. 0

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital, 17-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jeremiah Harry Russell

(a) Residence: No. 804 George Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Susie Russell
(Address) 804 George St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 2/19 1936

19. UNDERTAKER Mrs. Lillie Williams
(Address) 822 N. Schroeder St.

20. FILED 19 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-14 1936 to 2-17 1936.

I last saw him alive on 2-17 1936 Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	2-11-36
Lobar pneumonia	2-4-36
Other contributory causes of importance: Spastic paraplegia	Since birth

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Jackson M. D.

(Address) 660 N. Arlington.

20887
309606

F 20887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Donald Blanke

(a) Residence: No. 515 N. Dallas St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Black.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/18/34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel Blanke

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Viola Holcomb.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Reconda JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Mount Zion Date Feb 22, 1936

19. UNDERTAKER Joseph A. Lindsay
(Address) 409 N. Mount Street

19 1936 Huntington Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1936, to Feb. 18, 1936

I last saw him alive on Feb. 18, 1936. Death is said to have occurred on the date stated above, at 10 10 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia, acute primary, of right upper & middle & left lower lobes.

Date of onset 2-9-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louise Snyder M. D.

(Address) Johns Hopkins Hospital

20888 F 20888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3905 Old York Rd St., 9-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Charles L. Kaspar

(a) Residence: No. 3905 Old York Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a. If married, ~~widowed, or divorced~~ ~~husband~~ of (or) ~~wife~~ of Margaret Kaspar

6. DATE OF BIRTH (month, day, year) Dec 27, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Orchestra
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME John Kaspar
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Mary Wiscot
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Kaspar
(Address) 3905 Old York Rd.

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Cemetery Date Feb 20 1936

19. UNDERTAKER Henry Lutz Bernstein
(Address) 2037 E. Baltimore St.

19 1936 Huntington Nottingham, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1936

22. I HEREBY CERTIFY, That I attended deceased from August 1935 to Feb 18 1936
I last saw him alive on Feb 18 1936 Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Anuria	1935
Other contributory causes of importance: Acute Cardiac Dilatation	1936

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. W. Bishop M. D.
(Address) 501 Sheridan Ave

M. D. P. 1268-0

F 20889

20889 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1243 E Lanvale St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or Town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth E Myers

(a) Residence: No. 1243 E Lanvale St., Ward. No Record

(Usual place of abode) 55 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George G Myers

6. DATE OF BIRTH (month, day, year) July 16 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74 74	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Yeagy

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Amanda Johns

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Ida M Myers

(Address) 1243 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Entry new Cathedral Cem Pa 2/22 36

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20 1536 Huntingtor Indiana, Ind

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1936 to Feb. 19, 1936

I last saw h alive on Feb 19 1936 Death is said to have occurred on the date stated above, at 230 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other contributory causes of importance: Hemiplegia (left)	Feb 1936

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel G Wolfe, M. D.

(Address) 1337 E North Ave

M. D. B. 1268-9

F 20890

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20890

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1922 East 30th St., (Ward) 9-L

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F Seidl

(a) Residence: No. 1922 East 30 St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of: Margaret Seidl

6. DATE OF BIRTH (month, day, year): Dec 25-1870

7. AGE: Years 65; Months 2; Days 4; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ship Repair

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Spedden Co

10. Date deceased last worked at this occupation (month and year): 1925

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Joseph Seidl

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Edward A Seidl

(Address) 1922 E 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 2/22 36

19. UNDERTAKER: Julius Cook

(Address) 217 St Paul St

Washington Williams, M.D.

20. FILED: FEB 20 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1935, to Feb 19, 1936

I last saw h~~e~~r alive on Feb 19, 1936 Death is said to have occurred on the date stated above, at 9.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Arteriosclerosis	Jan 8 1936
Other contributory causes of importance: Cerebral Hemorrhage	Oct 1935
Chronic Interstitial Nephritis	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ed J Zimmerman M. D.

(Address) 2858 Harford Av

M. D. P. 1268-9

20891

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20891

CERTIFICATE OF DEATH

546-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 N. Broadway Life Ward) 8-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Greenwood

(a) Residence: No. 1807 N. Broadway, Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 3rd 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm S. Greenwood

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Millison Arthur

16. BIRTHPLACE (city or town) (State or country) Chestertown Md

17. INFORMANT Carrie Bates

(Address) 1807 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 20th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 20 1936 Harrington Delaware, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 5 1935 to February 18 1936

I last saw her alive on February 17 1936. Death is said to have occurred on the date stated above, at 6.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1934
Other contributory causes of importance: Duodenal ulcer & Visceroptosis	1929

Name of operation Laparotomy (Explor) Date of 1920

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Edward E Engwald M. D.

(Address) 1605 E Monument

F 20892

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20892

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1823 Maryland Ave St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman J. Hartman — If U. S. Veteran specify WAR — no record
(a) Residence: No. 1823 Maryland St., ... Ward. ... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE of~~: Mary M Hartman
6. DATE OF BIRTH (month, day, year): Jan 14, 1866
7. AGE — Years: 70 — Months: 1 — Days: 5 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Allan Stem Co
10. Date deceased last worked at this occupation (month, day, year): 1926
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Francis J Hartman
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Mary Snyder
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mary M Hartman 1823 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer — Date 2/21/36

19. UNDERTAKER (Address): Meenan Corp 1217 St Paul

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1929 to Feb 18, 1936
I last saw h[illegible] alive on Feb 18, 1936 Death is said to have occurred on the date stated above, at 6:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1929
Arteriosclerosis	1929
Cl Lob Nephritis	1929
Other contributory causes of importance: Angina Pectoris	1936

Was an operation performed? No — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify
(Signed) D. W. Bishop, M. D.
(Address) 501 Elmdale Ave.

5 29 1936

F 20893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20893

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 N. Bentalou St. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elza Timmons

If U. S. Veteran specify WAR .....

(a) Residence: No. 24 N. Bentalou St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl V. Timmons (nee Kelly)

6. DATE OF BIRTH (month, day, year) April 4, 1880.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	55	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin, Md.

FATHER

13. NAME Borden Timmons

14. BIRTHPLACE (city or town) (State or country) Berlin, Md.

MOTHER

15. MAIDEN NAME Sarah Brittingham

16. BIRTHPLACE (city or town) (State or country) Berlin, Md.

17. INFORMANT Mrs. Elza Timmons (Address) 24 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Date Feb. 20, 1936

19. UNDERTAKER Larry A. Withee (Address) 4101 Edmondson Ave.

FEB 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1935 to February 17, 1936

last saw h[im] alive on February 17, 1936 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Before 2-2-36
Cardiac dilatation and pulmonary Edema	2-2-36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry C. Ohle M. D.

(Address) 1203 W. Fayette St.

F 20894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 N. Monroe St, St. 30-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 4 mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John D. Reister

(a) Residence: No. 324 North Monroe St, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bertie May Reister

6. DATE OF BIRTH (month, day, year) Oct. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	4	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Footers Dye Works Retired since 1929

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md,

FATHER

13. NAME J.D.Reister

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John D. Reister Jr.

(Address) 324 North Monroe St,

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH 1936

21. DATE OF DEATH (month, day, year) Feb. 17th, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poison	

Other contributory causes of importance:
Recurent Mental Depression

Was an operation performed? No, Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..., 19...

Where did injury occur? At his home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos F. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave.

F 20895

20895
309745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10-2 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jamie Watson

(a) Residence: No. 919 N. Central St., Grd. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Garfield

6. DATE OF BIRTH (month, day, year) 10-24-02

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Wife)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car

FATHER

13. NAME William Gamble

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME Lizzie Gallop

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Date Feb 21 1936
Place Westlake Va
Berkley Va

19. UNDERTAKER Robert L. Young
(Address) 50 & N. Capitol St.

FEB 20 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1936 to Feb 18 1936.

I last saw her alive on Feb 18 1936. Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal septicemia	2/13/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nicholson J. Eastman M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 20896

20896 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

34-94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 Whitelock St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olsen Elizabeth Watkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 621 Whitelock St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Watkins

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Abram Lomby.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maggie Watkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Dacellen Gibson

(Address) 1406 Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2/19/ , 1936

19. UNDERTAKER Thomas F. Kelson

(Address) 1303 Pressman St.

20. FILED , 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17 , 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	2/17/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation Date of

What test confirmed diagnosis? Investigation Autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 509 Aisquith St.

OCCUPATION is very important. See instructions on back of certificate.

B 29 1936

F 20897

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20897

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7010 Harford Rd St., 40 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran Specify WAR ...

2. FULL NAME Ida D. Machitti (McKenny)

(a) Residence: No. 7010 Harford Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph N. Machitti

6. DATE OF BIRTH (month, day, year) Oct 17-1861 or 2

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74 ?	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Vincent McKenny (Address) 7010 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL Date 1/27, 1936
Catalpa Cem

19. UNDERTAKER Leonard Ruzby (Address) 2105 Harford Rd

20. FILED [illegible]

FEB 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19/36

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936, to Feb 19, 1936

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Benton A. Mc ... M. D.

(Address) 6801 Belair Rd.

F 20898 F 20898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. 27-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3033 Fleetwood Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma O. Rigney

(a) Residence: No. 3033 Fleetwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) White Hall (State or country) Md.

FATHER

13. NAME George L. Rigney

14. BIRTHPLACE (city or town) White Hall (State or country) Md.

MOTHER

15. MAIDEN NAME Lydia S. Hoffman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Joseph M. Crouch

(Address) 3033 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Maryland Memorial Park Date Feb 22/36

19. UNDERTAKER Leonard Ryckard

(Address) 5305 Belmont Rd

FEB 20 1936 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19/36 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1934, to Feb 19, 1936

I last saw her alive on Feb 18, 1936. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension (Cause unknown)	1930
Arterio Sclerosis -	1930
Other contributory causes of importance: Cerebral hemorrhage	1936

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Finley, M. D.

(Address) 3622 Greenmount Ave

20899 F 20899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 24-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5107 Oaklawn Road St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ralph Arnold

(a) Residence: No. 5107 Oaklawn Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chrystal M. Arnold

6. DATE OF BIRTH (month, day, year) Feb. 21, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burrough Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Chrystal M. Arnold
(Address) 5107 Oaklawn Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Feb. 20, 19 36

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

Filing for Williams; N.P.

19 Registrar.

B 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1935 to Feb 17, 1936

I last saw him alive on Feb 17 11:30 1936. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Other contributory causes of importance: arteriosclerosis	1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Mortimer Jr. M. D.

(Address) 2801 St. Paul St.

F 20900 11681 F 20900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

342-95B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-J Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mathew Baxter (Braxton)

(a) Residence: No. 648 Jasper St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) June 6, 1875 ~~1880~~ ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 ~~40~~ ?	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lofer Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nancy Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb. 19, 36

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Longwood St

20. FILED Feb 20 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/1936

22. I HEREBY CERTIFY, That I attended deceased from 1/13/1936 to 2/17/1936

I last saw him alive on 2/17/1936 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease	1 yr.
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Reitz

F 20901

F 20901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 W. McComas St.) 23-3 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen G. Willey

(a) Residence: No. 213 W. McComas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm. F. Willey

6. DATE OF BIRTH (month, day, year): Dec. 20, 1899

7. AGE: Years 36; Months 1; Days 28 27; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Louis Rush

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Catherine A. Lamar

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Wm. F. Willey

(Address) 213 W. McComas

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date 2/20/ , 19 36

19. UNDERTAKER: R. Howard Evans

(Address) 1400 E. Baltimore St.

Registrar.

2 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Feb 17, 1936

I last saw h[illegible] alive on Feb 17, 1936 Death is said to have occurred on the date stated above, at 8.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Indef.
Other contributory causes of importance: Hemoptysis	2/12/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

Signed H. H. Caswell M. D.

2/18/36 (Address) 1044 N. Howard

F 20902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Enson St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Nelson

(a) Residence: No. 500 Enson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Handyman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Police Dept.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date 2/20 19 36

19. UNDERTAKER P. Edward Evans

(Address) 1400 S. Charles St. F.H.C.

Filed ..... 19 ..... Huntington Pillauer Registrar

B 291936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2, 19 36

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Arteriosclerosis	
Myocarditis	30 yr

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. T. Wallace M. D.

(Address) 1031 St Paul St Coroner

OCCUPATION is very important. See instructions on back of certificate.

20903 F 20903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3506 Keswick St., 43 Ward) 6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mokie Hitchens

If U. S. Veteran specify WAR .....

(a) Residence: No. 3506 Keswick Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 12 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49.	4.	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Keeps house work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Vincent Legg

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Virginia Bell

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Mrs. M. E. Buckholtz

(Address) 3506 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Date Feb. 21 1936

19. UNDERTAKER Walter Davis

(Address) 3618 Eastern Ave.

20. FILED ..... 19 .....

Huntington Williams, M.D.

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th 1935 to Feb 18th 1936

I last saw her alive on Feb 18th 1936 Death is said to have occurred on the date stated above, at 5 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix uteri	Sept 1935

Other contributory causes of importance:

Was an operation performed? yes Date of Oct 1935

For what disease or injury? Carcinoma of Cervix

Name of operation Resection of Rectum Date of Oct 1935

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Francis M Fuller M. D.

(Address) 900 N 37th St.

M. D. P. 1268-9

F 20904

F 20904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 W. Pratt St St. 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 40 Yrs How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph R. Duvall

(a) Residence: No. 1415 W. Pratt St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary F. Duvall

6. DATE OF BIRTH (month, day, year) July 5, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Trackman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Railroad Co.

10. Date deceased last worked at this occupation (month and year) Feb 28, 1922

11. Total time (years) spent in this occupation 33 Yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Rezin Duvall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan M. Burton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Rose F. Wander

(Address) 523 E. 3rd St, Washington D.C

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Baltimore Md Feb 21 36

19. UNDERTAKER Pott & Co B M Watters

(Address) N.E. cor Pratt & Eutaw Sts

Filed ..... 19 ..... Registrar.

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1936 to Feb. 18, 1936

I last saw him alive on Feb. 18, 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Indefinite
Other contributory causes of importance: Exhaustion	1/17/36

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2/19/36 (Signed) R. C. Campbell M. D.

(Address) 1644 Hanover St

Spec.—1-12-23—M&T—500 Blks.

F 20905

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20905

CERTIFICATE OF DEATH.

92-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 109 S. High ST., 3-2 WARD)

2-FULL NAME Grace Scalone

(a) RESIDENCE NO. 109 S High ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Salvatore Scalone

6 DATE OF BIRTH (month, day, and year): July 20 1892

7 AGE: Years 43 Months 6 Days 27 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife 0037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Salvatore Cuciola

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Santa

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Salvatore Scalone

(Address) 109 S High

15 Filed 2-20 1936 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-17 1936

17 I HEREBY CERTIFY, That I attended deceased from 10-11, 1935, to 2-17-, 1936

that I last saw h[illegible] alive on 2-17-, 1936

and that death occurred, on the date stated above, at 10 P. m

The CAUSE OF DEATH* was as follows:

Acute Arthritis.

Endocarditis.

Angina pectoris -

(duration) yrs. 4 mos 7 ds.

CONTRIBUTORY (Secondary): Coronary Thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical -

(Signed) S. Damare M. D.

2-17, 1936 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Feb 21 1936

UNDERTAKER: Frank V. Pipitone

ADDRESS: 2015 E. Biddle

20 1836

F 20906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20906

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Thomas P. O'Donnell

(a) Residence: No. 246 S. Collington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary O'Donnell

6. DATE OF BIRTH (month, day, year) Dec 23/68

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick O'Donnell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Jennings

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mary O'Donnell

(Address) 246 S. Collington ave

18. BURIAL, CREMATION, OR REMOVAL Place Mem Cathedral Date Feb 22 1936

19. UNDERTAKER Frank T. Sibitone

(Address) 2818 E. Balto St

... 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7. 1936 to Feb. 18. 1936

I last saw h... alive on Feb 18. 1936 Death is said to have occurred on the date stated above, at 1.50 A.m.

The principal cause of death and related causes of importance were as follows:

Terminal pneumonia — Date of onset 2/4/36

Other contributory causes of importance:

chronic myocarditis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thurston A. Edwards, M. D.

(Address) c/o Mercy Hospital

8 20 1936

20907 F 20907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2648 Huntingdon Ave. 17-7 Ward)
Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR —

2. FULL NAME James L. Martin
(a) Residence No. 2648 Huntingdon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie C. Martin

6. DATE OF BIRTH (month, day, year) March 18-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1 yr. 000
10. Date deceased last worked at this occupation (month and year) 1
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

FATHER
13. NAME Andrew Martin
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William C. Martin
(Address) 2648 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Feb. 21- 1936

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

Huntington Williams M.D.
Registrar.

FEB 20

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1935 to Feb 18th 1936
I last saw h/m alive on Feb 18th 1936 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	1935

Other contributory causes of importance:

Was an operation performed? yes Date of June 1935
For what disease or injury? Oesophagus Obstruction
Name of operation gastrostomy Date of June 1935
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Francis A. Gilli M. D.
(Address) 900 W. 37th St.

F 20908

F 20908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St.) 23-1 Ward)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR .....

2. FULL NAME Bernard Caldwell

(a) Residence: No. 119 W. Hamburg St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 25, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0020

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Caldwell

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Lillian Thompson

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Mother
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date 2/20 1936

19. UNDERTAKER Walter B. Sprigg
(Address) 139 W. Hoffman St.

B 20 1936 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1936 to Feb 18, 1936

I last saw h.. alive on Feb 18, 1936. Death is said to have occurred on the date stated above, at 6 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	2/17/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis T. Schweitzer, M. D.

(Address) Sydenham Hospital

F 20909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 12-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Schuman
If U. S. Veteran specify WAR .....

(a) Residence: No. 3034 Greenmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced (nr) WIFE of George Schuman

6. DATE OF BIRTH (month, day, year) May 10, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George W. Bishop

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lena Scherer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Mr. Geo. A. Schuman (Husband) 3034 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date Feb. 20. 1936

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sanders
(Address) Baltimore & Broadway.

20. FILED FEB 22 1936, 19.. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18 1936

22. I HEREBY CERTIFY, That I attended deceased from January 10. 1936 to February 18. 1936
I last saw h er alive on February 18. 1936. Death is said to have occurred on the date stated above, at 6 40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of colon (inoperable)	
Other contributory causes of importance:	

Was an operation performed? yes Date of 12-16-35
For what disease or injury? Cancer of colon
Name of operation Exploratory laparotomy
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) P. M. Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. B. 1368-9

20910 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 20910

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Leonardi

(a) Residence: No. 2307 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Dec. 26-1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	33	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Fradelin Leonardi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Martelluna

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph Leonardi
(Address) 2301 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Cemetery Date Febuary 20 1936

19. UNDERTAKER Wendell & Hupfel
(Address) 1405 Eastern Ave

FILED FEB 20 1936 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-19-36. , 19

22. I HEREBY CERTIFY, That I attended deceased from 12-26-35 , 19 , to 2-19-36. , 19

I last saw h[illegible] alive on 2-19-36 , 19 Death is said to have occurred on the date stated above, at 3[10] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-12-36
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Whitridge Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

✓ F 20911

20911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 S. Curley St., 1-1 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR None

2. FULL NAME George Louis Platt

(a) Residence: No. 704 S. Curley St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fredricka

6. DATE OF BIRTH (month, day, year) Dec 25 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter's yard (iron)

10. Date deceased last worked at this occupation (month and year) Feb 34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland
(State or country)

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) Lockport
(State or country) New York

MOTHER

15. MAIDEN NAME Mary Krafft

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Fredricka Platt

(Address) 704 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 22, 1934

19. UNDERTAKER Tilly & Zilliox Inc

(Address) 403 N Howard St

20. FILED 20 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1934

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Coronary thrombosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Wright Coroner, M. D.

(Address) 1010 S. Howard St

20912 F 20912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Adam J. Boschent

(a) Residence: No. 1741 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Boschent

6. DATE OF BIRTH (month, day, year) Nov 4-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Matthias Boschent
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Barbara Windsheler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Boschent Rambo
(Address) 1731 N. Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 24 1936

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 1423 N. Walbert St

20 1936 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from January 31 1936 to February 20. 1936
I last saw h alive on February 20. 1936. Death is said to have occurred on the date stated above, at 4 01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypostatic Pneumonia of prostatic (Malignant)	
Other contributory causes of importance:	

Was an operation performed? yes Date of 2-17-36
For what disease or injury? Hypostatic Pneumonia prostatic
Name of operation Prostatectomy Date of 2-17-36
What test confirmed diagnosis? a Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If [illegible]

(Signed) J. M. Mascarella, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

Spec.—2-29-28—L. F. S.—500 Bks.

20913

F 20913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 ST. PAUL ST., 11-E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ADELAIDE REAMY BEALMEAR.

(a) RESIDENCE NO. 918 ST. PAUL ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FEM	WHITE	WIDOWED

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of SAMUEL BEALMEAR

6 DATE OF BIRTH (month, day, and year) FEB. 3, 1859.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (RETIRED) NONE

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) CENTERVILLE, MARYLAND.

PARENTS

10 NAME OF FATHER ROBERT ASBURY REAMY

11 BIRTHPLACE OF FATHER (city or town) (State or country) VIRGINIA

12 MAIDEN NAME OF MOTHER MARY JANE TALBOT.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) MARYLAND.

14 Informant HOWARD R. BEALMEAR (Address) 3323 ST. PAUL ST.

15 Filed [illegible] Registrar

201936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB. 14, 1936.

17 I HEREBY CERTIFY, That I attended deceased from SEP. 6, 1935, to FEB. 14, 1936, that I last saw her alive on FEB. 14, 1936 and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

CARCINOMA OF COLON AND RECTUM.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) John K. Abercrombie M. D.

2-17-1936 (Address) 3524 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	2/21 1936
20 UNDERTAKER Henry W. Pearson	ADDRESS 506 N. Carlton

1914

309257

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20914

34-C-12 1-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert I Chase

(a) Residence: No. 636 Pitcher St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: alice

6. DATE OF BIRTH (month, day, year) 12-29-85

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter 0870

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Caterer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Chase

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Georgiana Atkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 21st 1936

19. UNDERTAKER Edward F Dyer & Co
(Address) 700 N Carrollton Ave

Filed Feb 21 1936 Burlington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1936, to Feb 18, 1936

I last saw him alive on Feb 18, 1936. Death is said to have occurred on the date stated above, at 345 A m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver (Syphilitic) — Date of onset August 1934
Aortitis & Cardiac decompensation — Sept 1935
and Insufficiency

Other contributory causes of importance:

Ascites
Pulmonary Oedema

Was an operation performed? Yes Date of 2-2-36

For what disease or injury? Abdominal Tapp - (Ascites)

Name of operation Portal Obstruction Date of 2-2-36

What test confirmed diagnosis? War Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Possibly If so, specify Bartender - Alcoholism

(Signed) Paul A Kreuter M. D.

(Address) The Johns Hopkins Hosp

2-21-1936

20915 E 20915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1718 Harlem St. 16-3 (Ward)

Length of residence in city or town where death occurred 30 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James A Ross

(a) Residence: No. 1718 Harlem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie V.

6. DATE OF BIRTH (month, day, year) Dec 26 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 5

12. BIRTHPLACE (city or town) (State or country) Fairhaven Md.

FATHER

13. NAME Dennis B. Ross

14. BIRTHPLACE (city or town) (State or country) Fairhaven Md

MOTHER

15. MAIDEN NAME Elizabeth Bowen

16. BIRTHPLACE (city or town) (State or country) Patapsco Md.

17. INFORMANT Lillie A Ross

(Address) 1718 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/20/36 19

19. UNDERTAKER Jos. Geo. H. Hoffland

(Address) 1631 Druid Hill Ave

Huntington-Williams Co

FEB 20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16 19 36

22. I HEREBY CERTIFY, That I attended deceased from 2/16 19 36 to 2/18 19 36

I last saw h alive on 2/18 19 36. Death is said to have occurred on the date stated above, at 3 A m

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Paralysis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Keith M. D.

(Address) 1340 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

F 20316

F 20316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N. Carey St. 18 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Laura Eyrles

(a) Residence: No. 207 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran
specify WAR ...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 5th 1915

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (odd jobs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic Service

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Eyrles

14. BIRTHPLACE (city or town) (State or country) Salisbury, Md.

MOTHER

15. MAIDEN NAME Hevrs Taylor

16. BIRTHPLACE (city or town) (State or country) Salisbury, Md.

17. INFORMANT Mrs. Laura Eyrles
(Address) 207 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb 22 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E. Lanvale St

Huntington Wil

19... Registered No. ...

B 271936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/24/35 to 2/18/36

I last saw h[illegible] alive on 2/16/36 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/12/36
Other contributory causes of importance: Hypostatic Nephritis	10/24/35

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) ... M. D.

(Address) ...

20917

HEALTH DEPARTMENT—CITY OF BALTIMORE 20917

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Dugdem Rd. 27-13 Ward)

Length of residence in city or town where death occurred 37 yrs mos da How long in U.S. if of foreign birth? yrs mos da

2. FULL NAME Mr. Joshua T. Rowe

(a) Residence: No. 704 Dugdem Rd St., Ward. 27th
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie W. Rowe

6. DATE OF BIRTH (month, day, year) Aug. 12, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min
77	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister of Gospel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denton Co., North Carolina

FATHER

13. NAME John T. Rowe

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Penelope Ross

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs. J. T. Rowe
(Address) 704 Dugdem Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Bloomdale B.C. Date Feb. 21 1936

19. UNDERTAKER Wm. C. Burdette & Son
(Address) Govans, Md.

20. FILED 6 8 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1935, to Feb. 19, 1936

I last saw him alive on Feb. 18, 1936 death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2/15/36
Coronary Occlusion	6/17/33
Aortic + Mitral Regurgitation	2/23/35
Dilatation of Heart	2/23/35
Renal Insufficiency	2/12/36

Other contributory causes of importance:
Thrombosis of central retinal vein L.E. 7/7/34
" " " " R.E. 7/7/36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Strain Parker, M. D.

(Address) 1122 Roland Ave

20918

F 20918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital Ward 7-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Margaret M. Freeman

(a) Residence: No. 2714 E Jefferson St., City Ward. (C. U. M. H.)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Station House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester, Md.

FATHER

13. NAME Mr Alexander Hopper

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Stranahan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Family

(Address) 2714 E. Jefferson

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Feb 21 1936

19. UNDERTAKER Joseph Syfer & Son

(Address) 1610 W. North Ave Huntington Williams, Inc

20. FILED 19

B 20 15 36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1936 to 2-18 1936

I last saw her alive on 2-18 1936 Death is said to have occurred on the date stated above, at 2:03 P m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Carcinoma of Common bile duct & metastases to liver	1-2 Yrs?

Other contributory causes of importance:

—

Was an operation performed? Yes Date of 2-13-36

For what disease or injury? Cholelithiasis

Name of operation Cholecystectomy Date of 2-13-36

What test confirmed diagnosis? Operation or Biopsy? No

23. If death was due to external causes (violence) fill in the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Howard A Kelly M. D.

(Address) Kelly Memorial Hosp

F 20919

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20919

CERTIFICATE OF DEATH.

50

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3403 Lake Montebello Ave. ST. 43rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Catherine Davis Fiorentini

(Residence in Baltimore: No. 3403 Lake Montebello Drive St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July (Month) 16 (Day), 1894 (Year).

7-AGE, 41 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Maryland.

PARENTS.

10-NAME OF FATHER: John M. Davis.

11-BIRTHPLACE OF FATHER (State or Country): Fred'k Co. Md.

12-MAIDEN NAME OF MOTHER: Fannie Grove

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward M. Freeman

(Address) 2714 E. Lafayette Ave

Filed FEB 20 1936, 191.... Huntington Williams, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 18 (Day), 1936 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Paul Wheeler M. D. (Coroner)

Feb. 20, 1936. (Address) 1919 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Woodlawn Cem. DATE OF BURIAL, 2/22/36 19....

20-UNDERTAKER: Jewish Sygn. ADDRESS: 1600 N. Mott Ave

M. D. B 1268-9

✓ F 20920

20920

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Eutaw Place St., 11-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Laura Elgar Leonard — If U. S. Veteran specify WAR .....

(a) Residence: No. 1324 Eutaw Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — //

6. DATE OF BIRTH (month, day, year) Aug 2 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (teacher)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date decedent last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jonathan Frazier Leonard

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Anna Jane Lemmon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Edgar Leonard
(Address) 3934 Lancaster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/21 1936

19. UNDERTAKER German Lemmon
(Address) 411 Pk. Ave.

Huntington Williams, Md.

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above. 4.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry ..... M. D.
Coroner

(Address) 121 Hanover

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-0

20921 ✓ F 20921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home for Incurables 49a Registered No.

CITY OF BALTIMORE: (No. ..... St., 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blanche Stansbury

(a) Residence: No. Home for Incurables Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 22, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Westminster, Md

FATHER

13. NAME John Thomas Stansbury

14. BIRTHPLACE (city or town) (State or country) Westminster Maryland

MOTHER

15. MAIDEN NAME Abigail Stansbury

16. BIRTHPLACE (city or town) (State or country) Westminster Maryland

17. INFORMANT Home for Incurable records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 22, 1936

19. UNDERTAKER W. J. Tickner & Son
Address 1001 E. Fayette St. Baltimore, Md.

FEB 20 1936

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1935 to Feby 18 1936
I last saw her alive on Feby 18 1936 Death is said to have occurred on the date stated above, at 6.35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of ovary	1934

Other contributory causes of importance:

Diabetes Mellitus	1931
	discovered

Name of operation Oophorectomy Date of 1932

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. J. B. May M. D.

(Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

✓ F 20922

20922 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH #10755 34-107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 15-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Captain James Wheeler

(a) Residence: No. 1913 Gwynns Falls Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tennie T. Wheeler

6. DATE OF BIRTH (month, day, year) Aug 21, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postal Service

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME James T. Wheeler

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Ella Luces

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Records of Balto. City Hospt.
(Address) Miss Helen C. Wheeler

18. BURIAL, CREMATION, OR REMOVAL Place Rockville N.Y. Date Feb 21 36

19. UNDERTAKER Wm Flickinger Sons
(Address) North & Paca Sts

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 1935 to 2/19, 1936

I last saw him alive on 2/19, 1936 Death is said to have occurred on the date stated above, at 11 35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Other contributory causes of importance:	
	over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Roberta Reiter, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 20923

20923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 MIDDLETON COURT St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ROSE BODEN PILLING

(a) Residence: No. 12 MIDDLETON COURT St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of JOHN W. PILLING

6. DATE OF BIRTH (month, day, year) DEC. 18, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ARDEN, N.Y.

MOTHER FATHER

13. NAME BENJ. BODEN

14. BIRTHPLACE (city or town) (State or country) ENGLAND

MOTHER

15. MAIDEN NAME REBECCA SMITH

16. BIRTHPLACE (city or town) (State or country) ENGLAND

17. INFORMANT JOHN W. PILLING JR.

(Address) 12 MIDDLETON COURT

18. BURIAL, CREMATION, OR REMOVAL

Patterson Cemetery Date 2/21/36, 19

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/24/34, 19 to 2-19-36, 19

I last saw her alive on 2-19, 1936 Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

CARCINOMA OF BREAST — Date of onset 1916?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Donsey, M. D.

(Address) 1129 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

F 20924

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20924

93c

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 London Ave ST., 20-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harriett E. Johnson

(a) RESIDENCE NO. 530 London Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Edgar S. Johnson

6 DATE OF BIRTH (month, day, and year) Feb 3, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) Self 1027

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mt Savage Maryland

PARENTS

10 NAME OF FATHER John Tilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edgar S. Johnson

(Address) 530 London Ave

15 [illegible] 19 Huntington Williams, M.D. Registrar

MAR 29 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19, 1936

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1935, to Feb 19, 1936, that I last saw h[illegible] alive on Feb 18, 1936 and that death occurred, on the date stated above, at 11 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Bronchial Asthma

several (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Acute dilatation Myocardium

(duration) ___ yrs. ___ mos. ___ da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) D. Walter Spurrier M. D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Feb 21 1936

20 UNDERTAKER Powell & Byrne Inc

ADDRESS 1017 W Cross St

M. D. P. 1268-9

20925 ✓ F 20925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH Bon Secours Hospital — Registered No.

CITY OF BALTIMORE: (No.) St. 701 (Ward) 7 Inf. 40 Hours.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl McDonald

(a) Residence: No. 248 N Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 19 1936

7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Theodore McDonald

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia Engler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Oakdale Cem. 2/24 1936

19. UNDERTAKER Gegela Funeral Home

(Address) Fulton & Lafayette Ave.

20. 1936 Huntington Ave. Filed Feb 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 , 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 , 1936 to Feb 20 , 1936

I last saw her alive on Feb 20 , 1936 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. C. MacLaughlin M. D.

(Address) Bon Secours Hosp.

M. D. P. 1268-9

William E. ✓ F 20926

20926 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-5 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S. Bentalou St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Willingham

(a) Residence: No. 409 S. Bentalou St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, divorced~~ HUSBAND of ~~WIFE~~ Mary V. Willingham

6. DATE OF BIRTH (month, day, year) Dec 8th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Barrysville W. Va

FATHER

13. NAME Obediah Willingham

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Maud Belt 409 S. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Feb 21st 36

19. UNDERTAKER Wm Cook 1217 St. Paul St

20. FILED 20 9626 2 1936 Huntington Williams, Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1936 to Feb. 18 1936

I last saw him alive on Feb. 18 1936 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indefenite	
Exhaustion	2/17/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. S. K. Campbell M. D.

2/19/36 (Address) 1644 Hanover St

F 20927

20927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N.th Luzerne St., Aug 7-36 Ward)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Henry Strohecker

If U. S. Veteran specify WAR Yes

(a) Residence: No. 512 (512) 612 N.th Luzerne St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

Life

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine M.

6. DATE OF BIRTH (month, day, year) Jan 11-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Riveter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Dry Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Strohecker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Scholtke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Strohecker

(Address) 512 N.th Luzerne St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8/22 1936

19. UNDERTAKER William Cook

(Address) 217 St Paul Street

20 1936 Huntington Williams, Mgr

KPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1936 to Feb 20 1936

I last saw h[illegible] alive on Feb 20 1936 Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B 1268-9

20928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hosp. 11-4 Registered No. 210-9

CITY OF BALTIMORE: (No. ..... St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William R. Phipps

(a) Residence: No. 215 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rita G Phipps

6. DATE OF BIRTH (month, day, year) June 18 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke & Coal

10. Date decedent last worked at this occupation (month and year) 7-1936

11. Total time (years) spent in this occupation 15yrs

12. BIRTHPLACE (city or town) (State or country) Butte Mt

MOTHER FATHER

13. NAME William Phipps

14. BIRTHPLACE (city or town) (State or country) Butte Mt

15. MAIDEN NAME Emelia C Stube

16. BIRTHPLACE (city or town) (State or country) Butte Mt

17. INFORMANT Rita Phipps

(Address) 1215 Linden ave

18. BURIAL, CREMATION, OR REMOVAL

FRANKLIN Cook Date 7/21 1936

19. UNDERTAKER Herman Cook

(Address) 1217 St Paul St

20. FILED ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19 1:30 PM 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, Libra + fibula Rt. leg.	7/18/36
Crushed Chest	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/18 1936

Where did injury occur? Expressway & Caton Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place Struck by auto in Caton Ave Crossing street

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

Signed Wilbur Worley Stube M.D.
Coroner

(Address) 967 N. Caton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

20929

E 20929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 S. Augusta Ave 70-8 Ward 8

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Goodrich

(a) Residence: No. 336 S. Augusta Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marshall R. Goodrich

6. DATE OF BIRTH (month, day, year) September 28-80

7. AGE: Years 68 | Months 4 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jesse L. Levering

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md

MOTHER

15. MAIDEN NAME Mary A. Wolfe

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md

17. INFORMANT Miss Augusta Goodrich

(Address) 336 S. Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct. 22 1936

19. UNDERTAKER George L. Lehnert

(Address) 210 Frederick Ave Huntington-Williams, Inc.

20 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1935 to 2-19 1936

I last saw her alive on 2-19 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset about 1930

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest Spencer Jr. M. D.

(Address) 4123 Frederick Ave Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

20930

F 20930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34-E-131

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James E. Wilson

(a) Residence: No. 1 Lincoln Furnace Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of [last] WIFE of Lillian C. Wilson

6. DATE OF BIRTH (month, day, year) Oct 4, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Corp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm H. Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Knight

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hopewell Md. Date Feb 24 1936

19. UNDERTAKER J. E. Tyson
(Address) Pennington Md.

29 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 20 , 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 - 11 - , 1936 to 2 - 20 , 1936

I last saw him alive on 2 - 20 , 1936 Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embo	
Hypertensive Cardio - vascular renal disease	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Ernest H. Wood M. D.

(Address) Md. Gen. Hosp.

F 20931

F 20931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward L. Stallings If U. S. Veteran specify WAR .....

(a) Residence: No. 3504 Elliott St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 5-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Edw. L. Stallings, Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Viola

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edw. L. Stallings

(Address) 3504 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb. 22, 1936

19. UNDERTAKER Geo. W. Zickler

(Address) 1737 E. Eager St.

20. Date Filed FEB 21 1936 (Registrar)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1936 to February 19, 1936

I last saw him alive on February 19, 1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right purulent otitis media.	
Septicemia (Streptococcus).	
Sinus thrombosis.	

Other contributory causes of importance:

Was an operation performed? Mastoidectomy Date of 2/19

For what disease or injury? Mastoiditis

Name of operation Mastoidectomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Dewolfe, M. D.

(Address) South Baltimore Hosp.

F 20932

F 20932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-8

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman C. Loetz

If U. S. Veteran specify WAR .....

(a) Residence: No. 1116 W. Cross St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie A.C.Loetz

6. DATE OF BIRTH (month, day, year) May. 27, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert Loetz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Marie A.C.Loetz

(Address) 1116 W.Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date 2/22/ 1936

19. UNDERTAKER John J. Cowan & Son.

(Address) 1901 Eastern Ave.

20. FILED FEB 21 1936 H. Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thromboses	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. R. O'Malley M. D. Coroner

(Address) 3751 Eastern Ave

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

20933 ✓ E 20933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N Clinton St., 76-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Theresa Ruckler

If U. S. Veteran specify WAR .....

(a) Residence: No. 107 N Clinton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius B Ruckler

6. DATE OF BIRTH (month, day, year) Dec 11-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Albert Leimkuckler

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Julius Ruckler
(Address) 107 N Clinton

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 23, 1936

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans

20. FILED Feb 21 1936 Lexington Millman, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/36

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1936, to Feb 20, 1936.

I last saw her alive on Feb 20, 1936. Death is said to have occurred on the date stated above, at 1-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6 days
Hypertension	?
Chronic nephritis	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) Albert E. Sikorsky M. D.

(Address) 2939 McCleary St

F 20934

20934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 S Highland Ave St., 16-10 Ward) 25

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H Vetter

(a) Residence: No. 136 S Highland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna H Vetter

6. DATE OF BIRTH (month, day, year) Aug 29 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7 5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. life time

10. Date deceased last worked at this occupation (month and year) Baltimore

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME ~~Whntim Vetter~~

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Miss Thomi Vetter
(Address) 136 S Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 2/24 36

19. UNDERTAKER John Ulrich
(Address) 2008 Eden

20. FILED ..... 19 ..... Registrar

FEB 21 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 — 34, 19 to Feb — 8, 19 36

I last saw him alive on Feb 7 36 Death is said to have occurred on the date stated above, at 430 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Arteriosclerosis	Dec 6 1934
Acut Nephritis	
Hypostatical Pneumonia	
Other contributory causes of importance:	
Uremia Anuria	Jan 2- 1936
Acute Cardiac Dilatation	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm G Lyon Jr M. D.

(Address) 156 N. Milton Ave.

20935

F 20935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S Ellwood Ave Ward) 2

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR _____

2. FULL NAME Ambrose Jones

(a) Residence: No. 618 S Ellwood Ave St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Blanche Jones

6. DATE OF BIRTH (month, day, year) Jan 12 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo H Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Johanna Tall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Blanche Jones
(Address) 618 S Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 2/21 1936

19. UNDERTAKER John Gelenick
(Address) 2000 Orleans

20. FILED [illegible] 19 [illegible] Registrar

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1936 to Feb 19 1936

I last saw him alive on Feb 19 1936. Death is said to have occurred on the date stated above, at 4 P Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	
Chr. Myocarditis	
Myocardial Failure	2-19-36
Other contributory causes of importance:	
Bronchopneumonia	2-14-36

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ___ 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E A Schmeuch M. D.

(Address) 842 S. East Ave

OCCUPATION is very important. See that it is properly filled out.

[illegible]

5

F 20936

F 20936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospital St., 2-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mabel Canning

(a) Residence: No. 227 S. Penn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas H. Canning

6. DATE OF BIRTH (month, day, year) Nov 6 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cumberland
(State or country) Maryland

FATHER

13. NAME David L. Williams

14. BIRTHPLACE (city or town) Cumberland
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary Yates

16. BIRTHPLACE (city or town) Cumberland
(State or country) Md.

17. INFORMANT Thos H Canning
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland Date Feb 23 1936

19. UNDERTAKER John Welsh
(Address) Last Oakland

20. FILED ... 19... Registrar.

FEB 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1015 Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

F 20937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 Harford Avenue St. 9-9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles W. Shuppel

(a) Residence: No. 1831 Harford Avenue Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch Geist

6. DATE OF BIRTH (month, day, year) March 23rd, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Woodfinisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bernhard Shuppel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Repnick

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Katherine Schwartz (Sister)
(Address) 2320 Harford Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem. Date Feb. 21, 1936

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave.

20. FILED 19 Registrar.

FEB 21 1936

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest finding that said deceased came (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

F 20938 ✓ F 20938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 8-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 N. Regester Street St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~yrs.~~ Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Heiger

(a) Residence: No. 1805 N. Regester Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Helfriech Heiger

6. DATE OF BIRTH (month, day, year) May 6th, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Heiger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise (Unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Annie Heiger (Wife)
(Address) 1805 N. Regester Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb. 21st 1936

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

Huntington Station, N.Y.

Registrar.

FEB 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 5 1936 to February 18 1936

I last saw him alive on February 18 1936 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary Insufficiency	1 day
Immediate cause (b) Cerebral Hemorrhage	5 hrs
(c)	
(d)	

Other contributory causes of importance Cardiac Dilatation 2 Yrs

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 4025 2 North Ave

F 20939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20939

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Linden ave St., 14-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Rose Shapiro

If U. S. Veteran specify WAR _____

(a) Residence: No. 1826 Linden ave St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isidor

6. DATE OF BIRTH (month, day, year) Jan 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	1	.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0321

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Abelovitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lesie Abelovitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Evelyn Shapiro

(Address) 1826 Linden ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date Feb 21, 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Baltimore st

Huntington Williams, M. D.

Registrar.

FEB 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935 to Feb. 19, 1936.

I last saw h.er alive on Feb. 18, 1936. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung — about	Dec. 1935
Tbc. of Lung — "	"
Phlebitis	Feb. 1936.

Other contributory causes of importance:

Coronary Embolism

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Physical & Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Nathan H. Shpritz M. D.

(Address) 7351 Eutaw Place

OCCUPATION IS Very Important. See instructions on back of certificate.

F 20940 ✓ F 20940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Gf-B

1. PLACE OF DEATH — Registered No. 15-13

CITY OF BALTIMORE (No. 4213 Park Heights ave. Ward 15)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Friedman — If U. S. Veteran specify WAR

(a) Residence No. 4213 Park Heights ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Late Ida

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Juda Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Friedman
(Address) 4213 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt Carmel Date Feb 21, 1936

19. UNDERTAKER Sol Levinson Bros
(Address) 1127 E Baltimore St

19 Registered

EB 21 1936

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1935 to Feb. 19, 1936

I last saw him alive on Feb. 18, 1936 Death is said to have occurred on the date stated above, at 7.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Artery Disease (Thrombosis)	Aug. 27, 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Electrocardiogram Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Isaacman M. D.

(Address) 2840 Entaw Place

F 20941

F 20941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Foster av St., 76-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank G. Rogers

(a) Residence: No. 3903 Foster av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Agnes G. Rogers

6. DATE OF BIRTH (month, day, year) Sept 24, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrow Point

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME James Rogers

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cronin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Agnes G. Rogers
(Address) 3903 Foster av

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb 22, 26

19. UNDERTAKER John A. Magan
(Address) 3002 E. Baltimore St.
Filed Feb 23, 1926 Remington Matthews, Registrar

B 21 1926

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS on BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1926

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1925, to February 21, 1926.

I last saw h[illegible] alive on February 20, 1926. Death is said to have occurred on the date stated above, at 12-15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset [illegible]

Other contributory causes of importance: Chronic Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) 329 [illegible] St. [illegible]

M. D. B. 1265-9

F 20942

F 20942 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1252 Riverside St. 24-B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada V. Steinhise

(a) Residence: No. 1252 Riverside Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Thomas J Steinhise

6. DATE OF BIRTH (month, day, year) June 12 - 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Mary's Co (State or country) Maryland

FATHER

13. NAME Henry L. Wible

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Kate M. Cullison

16. BIRTHPLACE (city or town) St Mary's Co (State or country) Maryland

17. INFORMANT Capt Thomas J Steinhise
(Address) 1252 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross M. P. Ch. Date Febr. 24. 1936

19. UNDERTAKER Elizabeth Starke Inc.
(Address) 1415 Pennsylvania Ave

20. FILED 21 1936 Huntington Williams, M.D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 . 1936 to Feb 20 . 1936

I last saw her alive on Feb 20 . 1936 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Feb 11th

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) M. L. Lichtenberg M. D.

(Address) 1111 Madison Ave

F 20943 F 20943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Carswell St., 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanore C. Fasthe

If U. S. Veteran specify WAR

(a) Residence: No. 1429 Carswell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 8th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Princess Anne Md.

FATHER

13. NAME Godfrey Fasthe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Reif

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence Gritzner

(Address) 1429 Carswell St

18. BURIAL, CREMATION, OR REMOVAL

Place Govans Presbyterian Date Feb 22nd 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Funeral Director

EB 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1935 to Feby 20 1936

I last saw her alive on Feby 19 1936 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Respiratory paralysis i. hypostatic pneumonia. Terminal Uremia	5 days
Other contributory causes of importance: Erysipelas face	3wks
Glaucoma	8 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. V. Clift M. D.

(Address) 1011 No Charles St

F 20944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. F 20944

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital St., 11-26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? 50 yrs. 7 mos. 7 ds.

2. FULL NAME Mrs. Jeanne E. Bennett
If U. S. Veteran specify WAR None

(a) Residence: No. 52 Hamilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Livingston H. Bennett

6. DATE OF BIRTH (month, day, year) Dec-10-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer and artist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Studio
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER FATHER

13. NAME Chas P. Eysmans.
14. BIRTHPLACE (city or town) (State or country) Belgium
15. MAIDEN NAME Sophie Remeaux
16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMANT Mrs. Marguerite E. Joyce (sister)
(Address) Anacosta, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Feb 21 26 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 108-10 North Greene St.

Huntington Williams, M. D.
Registrar

FEB 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1936, to February 19, 1936

I last saw h[illegible] alive on February 19, 1936 Death is said to have occurred on the date stated above, at 8:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia - Bilateral	2-1-36
Septicemia (Streptococcic)	(?)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton L. Jacker, M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 20945

20945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 247 North Bruce St, St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Jones

(a) Residence: No. 247 North Bruce St, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Jones

6. DATE OF BIRTH (month, day, year) 1887 ? ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	48	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME ? Stewart

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Catherine Stewart
(Address) 247 N. Bruce St,

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 22, 1936

19. UNDERTAKER Mrs Lucy R. Williams
(Address) 322 E Lafayette St.

FEB 21 1936 Mrs Lucy R. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19th 36 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above. 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-19-36
Other contributory causes of importance:	

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify .....

(Signed) Jose. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20946

CERTIFICATE OF DEATH

✓131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 N. Carlton St., E-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa M. Dennel

If U. S. Veteran specify WAR .....

(a) Residence: No. 1125 N. Carlton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) September 26 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Frank A. Dennel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Deuse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Stewart J. Dennel
(Address) 1125 N. Carlton St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Feb. 22nd 1936

19. UNDERTAKER Henry Hockemeyer, Inc.
(Address) 130 E. Eager St

19a. FILED Huntington, Baltimore, Md.

FEB 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 1929 to Feb 20 1936

I last saw her alive on Feb 18 1936. Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. uremia in a Senile individual Arteriosclerotic kidney.	Indef.
	1929

Other contributory causes of importance:
Senility

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. W. Hayward M. D.

(Address) 1129 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

F 20947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20947

CERTIFICATE OF DEATH — V 161-2

1. PLACE OF DEATH South Baltimore Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., ____ Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Baby Barbara Carol Norwood

(a) Residence: No. 1808 N Linwood Ave Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) Feb. 8 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Norwood

14. BIRTHPLACE (city or town) (State or country) Chestertown

MOTHER

15. MAIDEN NAME Eileen Gill

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William Norwood (Address) 808 N Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Feb. 21. 1936

19. UNDERTAKER John C. Miller (Address) 2435 E. Oliver St

20. FILED ____ 19 ____ Registrar

FEB 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1936 to Feb. 20. 1936

I last saw her alive on Feb. 20. 1936 Death is said to have occurred on the date stated above at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital abnormalities Pneumonia	?

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) William Dewey M. D.

(Address) South Balto. Gen Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 20948

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20948

CERTIFICATE OF DEATH

✓ 45-C

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. Schmidt 1804054 → If U. S. Veteran specify WAR W. W.

(a) Residence: No. 611 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced Schmidt

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Schimpf

6. DATE OF BIRTH (month, day, year) April 4, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Casket maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kitchen Cabinet Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME August Schmidt

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Margaret Bauch

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL U.S. National Date Feb. 22, 1936

19. UNDERTAKER Richard W. Meyer
(Address) 1610 Ashburton St.

FEB 21 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1935 to February 18, 1936

I last saw him alive on February 18, 1936 Death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma, floor of mouth	18 mos.
Other contributory causes of importance: Carcinoma, metastatic, of mandible	8 mos.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. M. H. an diver. M. D.

(Address) U.S. Marine Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

F 20949 F 20949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 180 N. Washington St. 8-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 180 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Fannie Bright 1874 ~~1877~~

6. DATE OF BIRTH (month, day, year) Oct. 5th ~~1877~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 4	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Frederick Smith
(Address) 180 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 2/22/ 1936

19. UNDERTAKER E. J. Fanning & Son
(Address) 1931 E. Lafayette ave.

20. Filed FEB 24 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1936 to Feb. 19 1936

I last saw h alive on Feb. 19 1936 Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7
Nephritis	7

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jefferson Brack M. D.

(Address) 1 E. Chase St

OCCUPATION is very important. See instructions on back of certificate.

20950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 N. Washington St., 8-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank P. Hoover

(a) Residence: No. 1821 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Nellie Dougherty

6. DATE OF BIRTH (month, day, year) Oct. 1st 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Conductor (Retired) 6073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jos. Hoover

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. L. Hoffstetter

(Address) 1821 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. County Date 2/24 1936

19. UNDERTAKER E. J. Fleming & Son

(Address) 1938 E. Lafayette Ave.

FEB 21 1936 Huntington-Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10. 1935 to Feb 19 1936

I last saw him alive on Feb 19 1936 Death is said to have occurred on the date stated above, at 7:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lucas Fischer M. D.

(Address) 1823 N. Washington St.

OCCUPATION is very important. See instructions on back of certificate.

F 20951

12298

F 20951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Peter Beyts

(a) Residence: No. 46 Albarmarle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belgium

FATHER

13. NAME Reatch Beyts

14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Hope Date 2/21 36

19. UNDERTAKER J. J. Fahey Son

(Address) 1318 Light St.

FEB 21 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/12 1936 to 2/19 1936

I last saw him alive on 2/19 1936 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Senility	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

20952

F 20952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest E. Bennett

If U. S. Veteran specify WAR .....

(a) Residence: No. none St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	WIDOWED

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 10-3-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John W.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elvira Buckingham

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Feb. 21, 1936

19. UNDERTAKER Mrs. C. Keller & Son
334 Jefferson St.
(Address)
Lic. Embalmer

B 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1934 to 2/19, 1936

I last saw him alive on 2/19, 1936 Death is said to have occurred on the date stated above, at 11 2/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 20953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 E. Pulaski St.) (Ward) 45-4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lawrence J. Kelly

(a) Residence: No. 2022 E. Pulaski St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Julia Stadhouse Kelly

6. DATE OF BIRTH (month, day, year) May 13-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	1	11	6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bill Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James D. Kelly

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary McNulty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Julia Kelly

(Address) 2022 E. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Fairfield Date 2/24/36

19. UNDERTAKER J. D. Pumphrey & Son

(Address) 1300 Eutaw Place

Filed ... 19 ... Registrar

B 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/36

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Feb 19, 1936.

I last saw him alive on Feb 18, 1936. Death is said to have occurred on the date above, at 12:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Sepsis, Gall Bladder & Stomach	
Other contributory causes of importance:	

Was an operation performed? Yes Date of about Jan 10/36

For what disease or injury? Carcinoma

Name of operation Exploration Date of about Jan 10/36

What test confirmed diagnosis? Question Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Emile Mueller M. D.

(Address) 2129 N. Wolfe St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 20954

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20954

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 E. Charles ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen M. May

(a) RESIDENCE NO. 105 Warren ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
WIFE of (or) HUSBAND of

6 DATE OF BIRTH (month, day, and year) Oct 24 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	26 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) C & P Telephone Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry May

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Maria Odea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs W. J. Palen

(Address) 1039 E Charles St

21 1936 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19, 1936

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1935, to Feb 19, 1936, that I last saw her alive on Feb 15, 1936 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Chronic int nephritis

(duration) unknown yrs. mos. da.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 7/35

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) Wm Kerr Slyden M. D.

2/24, 1936 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL Feb 22 1936

20 UNDERTAKER A. Kramer & Son

ADDRESS 1013 Hanover

important. See instructions on back of certificates.

M. D. B. 1268-9

20955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20955

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 North Monastery Ave. Ward 20-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Amoss

(a) Residence: No. 201 Monastery Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Nelson Amoss

6. DATE OF BIRTH (month, day, year) Jan. 13, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Faemwr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 Yrs,

12. BIRTHPLACE (city or town) (State or country) Harford Co Md,

FATHER

13. NAME James Amoss

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md,

MOTHER

15. MAIDEN NAME Elizabeth K. Waters

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md,

17. INFORMANT Mrs Charles Amoss Jr.

(Address) 201 North Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cemetery Date Feb 23 1936

19. UNDERTAKER E. Rhine & Son

(Address) Catonsville Md

20. FILED

B 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21-36 19

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. Inquiry Inquiry 8.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis with Uremia and convulsions	Feb. 19th 1936
Other contributory causes of importance: Carcinoma of liver ssince May 25th 1934 No,	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12345

F 20956

20956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34 f : 135

1. PLACE OF DEATH Balto City Hosp. 8-5

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Redmond

(a) Residence: No. 1813 N. Wolfe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elliott.

6. DATE OF BIRTH (month, day, year) 5-6-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Feb 21 1936

19. UNDERTAKER Humberger & Sons

(Address) 1 Bunsen Ave

FILED B 21 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19 . 1936

22. I HEREBY CERTIFY. That I attended deceased from 2-15- . 1936 . to 2-19 . 1936

I last saw him alive on 2-19- . 1936 Death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

Acute urinary retention

Senile arteriosclerosis

Date of onset	
1.	
2.	
1	
2	

Other contributory causes of importance:

Senility

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) Robt. F. Martin M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 20957

20957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Spring St. St. 5-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5th yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Pfaffenberger

(a) Residence: No. 424 N. Spring St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) December 24, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christopher Pfaffenberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Bechbick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. F. Pfaffenberger

(Address) 424 N. Spring St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 22 1936

19. UNDERTAKER Jno Welsh & Sons

(Address) 200 E Fayette

Huntington Williams, Co. Supt.

20. FILED 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, And that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second & third degree burns of body.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 19 1936

Where did injury occur 424 N. Spring St. Balto, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Caught fire at coal Stove

Nature of injury Burns Not Stove

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

82 1936

F 20958

20958 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. 25-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Annapolis Rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Emily Fuchs

(a) Residence: No. 2209 annapolis Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nathaniel Fuchs

6. DATE OF BIRTH (month, day, year) Feby - 1860

7. AGE: Years 76; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Sophia Fuchs (Address) 2209 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Feb 24 1936

19. UNDERTAKER John Ullrich (Address) 2008 Orleans

Huntington Williams, Inc.

Pd $7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1935 to Feb 20 1936

I last saw her alive on Feb 20 1935. Death is said to have occurred on the date stated above, at 2:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pulmonary Oedema	Jan 15 Feb 20
Other contributory causes of importance: Arteriosclerosis	2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Foley M. D.

(Address) 2027 N. Gilmor

OCCUPATION is very important. See instructions on back of certificate.

3 21 1936

M. D. H. 1268-0

F 20959

F 20959 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3516 Elliott St

CITY OF BALTIMORE: (No.) St. 26-4 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha A. Pfeil

(a) Residence: No. 3516 Elliott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Pfeil

6. DATE OF BIRTH (month, day, year) April 26 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glen Burnie Anne Arundel Md

FATHER

13. NAME William T Watts

14. BIRTHPLACE (city or town) (State or country) Glen Burnie Anne Arundel Md

MOTHER

15. MAIDEN NAME Lydia E Stinchcomb

16. BIRTHPLACE (city or town) (State or country) Benfield Anne Arundel Md

17. INFORMANT Mrs George Pfeil
(Address) 3516 Elliott st

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 22, 1936

19. UNDERTAKER John F Denny
(Address) 715 Light St

Filed Feb 21 1936, 19 Huntington Williams, Registrar.

B 21 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febr. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 21 1935 to Febr. 19, 1936

I last saw her alive on February 19, 1936 Death is said to have occurred on the date stated above, at 8 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/8/36
Other contributory causes of importance: Thrombosis of Brain artery with Hemiplegia	12/21/35

Name of operation none Date of

What test confirmed diagnosis? Clinically Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) Jos. A. Rosenblatt, M. D.

(Address) 3013 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

20960 A 20960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 13-5 Ward) Registered No. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Daniel Howard Pettingell If U. S. Veteran specify WAR

(a) Residence: No. Florence Crittenton Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 18, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fred Pettingell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Evelyn Pettingell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Florence Crittenton Home Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med. School Date Feb. 21 1936

19. UNDERTAKER

(Address)

FILED [illegible] Huntington-Williams Co.

B 21 [illegible] 2129

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936 to Feb 18, 1936

I last saw him alive on Feb 18, 1936 Death is said to have occurred on the date stated above, at 4.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas, idiopathic	2-11-36

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Francis D. Schwentker M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

20961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20961

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 132 E. Ostend St. (St.) (24-397 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles W. Sparks.

(a) Residence: No. 132 E. Ostend St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of XXXXXXXXXXXX XXXXXXXX Mary A. Sparks.

6. DATE OF BIRTH (month, day, year) November 26, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	2	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B. & O. car repairer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 60 13

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard W. Sparks.

14. BIRTHPLACE (city or town) (State or country) New Jersey.

MOTHER

15. MAIDEN NAME Emily Jones.

16. BIRTHPLACE (city or town) (State or country) New Jersey.

17. INFORMANT Mary A. Sparks. (wife)
(Address) 132 E. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 22, 1936

19. UNDERTAKER J. Fred McCaully
(Address) 120 E. Fort Ave.

20. FILED Feb 21 1936 Huntington Williams, M.D. 2/20/36

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, 2.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) H. W. Kirkland, M. D. Coroner

(Address) 1017 E. Charles St.

M. D. B 1268-9

F 20962

20962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Aragon ave St., 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Fuller

(a) Residence: No. 4000 Aragon ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Fuller

6. DATE OF BIRTH (month, day, year) Feb 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prussia

FATHER

13. NAME John Fuller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Fuller

(Address) 4000 Aragon ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 2/24 1936

19. UNDERTAKER L. Frew McCully

(Address) 130 E Fort Ave

Huntington Williams, NY

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 9:10 am

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Braun M. D.

Coroner

(Address) 1215 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 21 1936

M. D. H. 1968-9

F 20963

20963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 631 N. Lee St — 107-a — 7726 — Registered No.

CITY OF BALTIMORE: (No.) St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Smith

(a) Residence: No. 631 N. Lee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female — 4. Color or Race Col — 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1st 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Felix Smith

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Allie Mills

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Felix Smith

(Address) 631 N Lee St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Feb 22 1936

19. UNDERTAKER Joseph A Luckey

(Address) 1098 W Mount St

20. FILED Feb 22 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1936 to Feb 20 1936

I last saw her alive on Feb 20 1936 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho Pneumonia	
Toxemia	

Other contributory causes of importance:

Name of operation Physical Exam Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. H. Grant Jones M. D.

(Address) 501 E Hamburg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8-21-1936 V 63

20964 F 20964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 72a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1945 Penrose Ave 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Katie Rush

(a) Residence: No. 1945 Penrose Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Rush

6. DATE OF BIRTH (month, day, year) March 5-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME William Lanehart

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Margaret Schaefer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. George W. Rush
(Address) 1945 Penrose ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date Feb. 24 1936

19. UNDERTAKER George L. Stefanak.
(Address) 2101 Frederick ave

21 1936

Huntington Williams, Funeral Director
8 W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1936 to Feb 20 1936

I last saw h~~e~~ alive on Feb 20 1936 Death is said to have occurred on the date stated above, at 5.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	2/14/36
(b) Influenza	
(c)	
(d)	

Other contributory causes of importance: Chronic Myocarditis

	4/24/35

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Nature of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

James F. Rosenberger M. D.
721 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

20965 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 20965

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4828 Roland Av St. 27-14 Ward)

Registered No. 9ta

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 14 ds. How long in U. S. If of foreign birth? 77 yrs. 7 mos. 14 ds.

2. FULL NAME Charles Joseph Baker Swindell

If U. S. Veteran specify WAR NONE

(a) Residence: No. 4828 Roland av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Elder Swindell

6. DATE OF BIRTH (month, day, year) July-6-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Mfr Provid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swindell Bros

10. Date deceased last worked at this occupation (month and year) Feb 12, 1935

11. Total time (years) spent in this occupation 62 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME William Swindell

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

15. MAIDEN NAME Henrietta Mullard.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hallie B Swindell Jr (Nephew)

(Address) 641 N Augusta Av

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 24 19 36

19. UNDERTAKER Seward Hearse Co (Wife's)

(Address) 108 W North Ave.

Huntington Phillips 1/27 Registrar.

FEB 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febr 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Febr 22nd, 1928 to Febr 20, 1936

I last saw him alive on Febr 20 1936 Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Angina Pectoris	1922-3
Coronary Occlusion	Feb 14 '36

Other contributing causes of importance:

Angina Pectoris for 14 years
Coronary occlusion Febr 14 1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) B K Rusk M. D.

(Address) 18 E Eager St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

20966 F 20966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N 958

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 95-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr Louis Bell

(a) Residence: No. Savage Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Bell

6. DATE OF BIRTH (month, day, year) Aug 12. 1856 Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 50	6	3 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0006

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lewis C. Bell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amanda E. Renn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Asia Wagner
(Address) 2440 Fred. Ave Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL. Savage Md Date Feb 23 1936

19. UNDERTAKER Lloyd Kuser
(Address) Lloyd Md
Huntington Williams Funeral Dir.

20. FILED 2-24-1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936 to Feb. 21 . 1936

I last saw him alive on Feb. 21 . 1936 Death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease — Date of onset 1933

Other contributory causes of importance:

Congestive failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. J. Williamson M. D.

(Address) St. Agnes Hosp.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

No. 3

2-21-1936

F 20967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20967 16-6 V 92a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 711 Rosedale St. St. (16-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel V. Eyler — U. S. Veteran — specify WAR

(a) Residence: No. 711 Rosedale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah A. Eyler (nee Sanders)

6. DATE OF BIRTH (month, day, year) Nov. 9, 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 0073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Engineer B.&O.R.R.

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Maryland

FATHER

13. NAME: John W. Eyler

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Lydia Hantz

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Sarah A. Eyler
(Address) 711 Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Feb. 22, 1936

19. UNDERTAKER: Harry T. Lutte
(Address) 4101 Edmondson Ave.

FILED: B 21 1936 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 19 1936

22. I HEREBY CERTIFY, That I attended deceased from September 1935 to Feb 19 1936
I last saw h. alive on Feb 19 1936 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocardial + myocardial disease (Mitral + Aortic regurgitation) with congestive failure — Date of onset: Several Years

Other contributory causes of importance:
Generalized arteriosclerosis with hypertension

Was an operation performed? no. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Michel M. D.
(Address) r 90, Edmondson Ave.

STATE CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

20968 F 20968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 N. Luzerne Ave 6-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Selma Henkel If U. S. Veteran specify WAR

(a) Residence: No. 2037 N. Luzerne Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Henkel

6. DATE OF BIRTH (month, day, year) Sept 21-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Geo. Peter Lingelmann

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Catherine Gumpper

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Charles Henkel
(Address) 2037 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn, Date 2/22/36

19. UNDERTAKER Philip Herwig Sons
(Address) 2616 Eutaw St.

FILED FEB 22 1936 Huntington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935 to Feb 19, 1936

I last saw him alive on Feb 19, 1936 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina, Declair	2/19/36
Other contributory causes of importance: Acute Dilatation of Heart Heading of Lungs	2/19/36

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Hoffman M. D.

(Address) 3901 Fairview Blvd

OCCUPATION is very important. See instructions on back of certificate.

F 20969

20969 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

25-4 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4100 4th St. Brooklyn St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William L. Claytor

(a) Residence: No. 4100 4th St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maude B. Claytor

6. DATE OF BIRTH (month, day, year) June 20, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 6013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Patapsco & Back River R. R. Co.

10. Date deceased last worked at this occupation (month and year) 12/25/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME James P. Claytor

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Margaret A. Sprnell

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Mrs. Margaret A. Martin (Mother)
(Address) 4100 4th St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 24, 1936

19. UNDERTAKER John F. Dennis
(Address) 715 Light St

Huntington Williams, Mgr.

B 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1935 to Feb. 20 1936

I last saw him alive on Feb. 20 1936 Death is said to have occurred on the date stated above, at 6:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Indefinite	
Exhaustion	1/18/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, state how

3/21/36 (Signed) T. J. Campbell M. D.
(Address) 1644 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 20970

F 20970

HEALTH DEPARTMENT—CITY OF BALTIMORE

V95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. 12-4 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert R Stubble

(a) Residence: No. 412 East North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 6, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME L. L. Stubble.

14. BIRTHPLACE (city or town) (State or country) Woodstock Kentucky

MOTHER

15. MAIDEN NAME Imogene Taylor.

16. BIRTHPLACE (city or town) (State or country) Rhode Island

17. INFORMANT L. L. Stubble
(Address) 715 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date Feb 24, 1936

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED Feb 24 1936 Huntington Williams, Asst. Registrar

B 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1936, to Feb 21, 1936.

I last saw him alive on Feb 21, 1936. Death is said to have occurred on the date stated above, at 1:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	
Subacute bacterial endocarditis	
Streptococcus viridans septicemia	

Other contributory causes of importance:

Pulmonary infant

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Myers M. D.

(Address) Church Home & Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

20971 F 20971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Division St. St. 17-3 Ward)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Rachel Bryant

(a) Residence: No. 1318 Division St. St., ... Ward. (to live here)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Alfred Johnson
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Johnson
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mamie Walker
(Address) 1318 Division St.

18. BURIAL, CREMATION, OR REMOVAL
Place Burer Hill Cem Date 2/23/ 1936

19. UNDERTAKER Francis A. Hamsley
(Address) 578 W. Biddle St.

[illegible] Williams, Reg.

22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1936 to Feb 20 1936

I last saw her alive on Feb 20 1936 Death is said to have occurred on the date stated above, at 4.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Nov 35

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. William Frey M. D.

(Address) 1H Penna Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20972

20972 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 20972

122-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Portugal St St., 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Karasinska

(a) Residence: No. 1720 Portugal Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femele	White	Widow

5a. If married, widowed, or divorced (or) WIFE OF Late, Joseph Karasinski

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74,			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. MAIDEN NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Karasinski (Son)

(Address) 1720 Portugal Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date Feb, 24th 36

19. UNDERTAKER George A Weber

(Address) 705 S. Ann Street

20. FILED Feb 27 1936 Herrington & Williams Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21st 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1936 to Feb. 21 1936

I last saw h.. alive on Feb. 21 1936. Death is said to have occurred on the date stated above, at 11:55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction caused by left inguinal Hernia	6 days
Toxaemia (uremic)	1 day

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul J. Deering M. D.

(Address) 2007 E. Pratt St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20973

20973 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH #11705 34-8-43-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospt. St. 17-3 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 1903 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilmer Hall

(a) Residence: No. 655 Pierce St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 9-22-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 48	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1 1 1 0 4 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Louis J. Hall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucinda Bond

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of B C H
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain View, Date 2-23, 1936

19. UNDERTAKER Byron Francis Wright
(Address) 218 Mc Elderry St

FEB 22 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1936, to 2/19, 1936

I last saw him alive on 2/19, 1936 Death is said to have occurred on the date stated above, at 10½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 mo.
Other contributory causes of importance: None.	0

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Baltimore Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

F 20974

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3035 Huntingdon St. 17 WARD)

2-FULL NAME Maggie E. Enson

(a) RESIDENCE NO. 3035 Huntingdon ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Isaac M. Enson

6 DATE OF BIRTH (month, day, and year) Nov? 1879.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) Home 0027

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Bully

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Ryder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Isaac M. Enson
(Address) 3035 Huntingdon Ave

15 Filed ..... 19 ..... Registrar

B 22 1936

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 21, 1936

17 I HEREBY CERTIFY, That I attended deceased from August 10, 1935 to Feb 21, 1936,
that I last saw h alive on Feb 19, 1936,
and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Jordan E. Stacy M. D.

19 (Address) 3803 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodbury Bullock Co. Md.

DATE OF BURIAL Feb 23, 1936

20 UNDERTAKER Ellsworth Lee

ADDRESS 3615 Clifton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificate.

3 9477
F 20975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20975

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., H-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vola Fizzell

If U. S. Veteran specify WAR .....

(a) Residence: No. 610 S. Ponca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Glenn Fizzell

6. DATE OF BIRTH (month, day, year) 8/10/82

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert Kemp

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Shipley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Parkwood Date Feb 27 1936

19. UNDERTAKER Edmondson Ave

(Address) 3615 Edmondson Ave

20. FILED Huntington W. Williams M.D. Registrar

FEB 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1936 to Feb. 20, 1936

I last saw her alive on Feb 26, 1936 Death is said to have occurred on the date stated above, at 6:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease; myocardial failure	?
? Bronchopneumonia ? Pulmonary infarct	2/14/36
Other contributory causes of importance:	
Diabetes mellitus	1933

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw B Grossman M. D.

(Address) The Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Leave no OCCUPATION is very important. See instructions on back of certificate.

20976 F 20976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Hope St St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Catherine E Savine

If U. S. Veteran specify WAR .....

(a) Residence: No. 1821 Hope St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Savine

6. DATE OF BIRTH (month, day, year) Feb 29, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Mister

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Earl E Savine

(Address) 3911 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date Feb 24, 1936

19. UNDERTAKER Ellinsworth-Lee

(Address) 3665-67 Elmhurst Ave

Huntington Williams, MD

Registrar

FEB 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1936 to Feb 21, 1936

I last saw her alive on Feb 21, 1936 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	5 yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Howard Holt M. D.

(Address) 2020 N. Charles

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

F 20977

20977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William McKenzie Ellis Jr.

(a) Residence: No. 2803 Parkwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 17, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Mc. Ellis Sr.

14. BIRTHPLACE (city or town) (State or country) Salisbury Md

MOTHER

15. MAIDEN NAME Mary Pyle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm McKenzie Ellis Sr.

(Address) 2803 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Deer Creek Harford Co. Date Feb 22 1936

19. UNDERTAKER Wm J Fuhrer + Sons

(Address) North + Penna. Aves.

Huntington-Williamson

20. FILED FEB 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936 to Feb 20 1936

Last saw h. alive on Feb 20 1936 Death is said to have occurred on the date stated above, at 11 55 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	1-6-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frances D Schwencker M. D.

(Address) Sydenham Hospital

FEB 22 1936

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20978

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20978

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2230 Garrison Ave St. 15-8 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 10 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Magdaline Dockman.

(a) Residence: No. 2230 Garrison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John. H. Dockman.

6. DATE OF BIRTH (month, day, year) April 3rd 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John. B. Sanders

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John. H. Dockman.

(Address) 2230 Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral. Date 2-24th 1936

19. UNDERTAKER Bernard C Hazle

(Address) 121 E. West St.

20. FILED Huntington Williams

B 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Feb. 20 1936

I last saw h~~e~~r alive on Feb ~~20~~ 20 1936. Death is said to have occurred on the date stated above, at 10 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of heart	1 day
Other contributory causes of importance: Myocarditis	about 2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Suspected Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Hulbert M. D.

(Address) 220 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20979

HEALTH DEPARTMENT—CITY OF BALTIMORE

20979 ✓137

CERTIFICATE OF DEATH

Registered No. 429

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William F. Thiemeyer or THIEMEYER

(a) Residence: No. 4530 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie A THIEMEYER

6. DATE OF BIRTH (month, day, year) 7/24/1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RITIRED 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BOX MANUFACTURING

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER
13. NAME John Thiemeyer.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER
15. MAIDEN NAME Mary Wmdenwasen
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. H. Thiemeyer
(Address) 1530 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL St Paul's (Woodstock) 2-24-36

19. UNDERTAKER Mrs Chas A. J. Rohde
(Address) 2327 Edmondson ave.

FILED Huntington Williams, M.D.

EB 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/36 19

22. I HEREBY CERTIFY, That I attended deceased from 2/11/36 to 2/21/36

I last saw him alive on 2/21/36. Death is said to have occurred on the date stated above, at 3 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	
Contributory causes of importance:	
Chronic myocarditis	

Was an operation performed? Yes Date of 2-20-36

For what disease or injury? Benign prostatic hypertrophy

Name of operation? Suprapubic prostatectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signature) John W Bernady M. D.

(Address) Maryland General Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

20980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20980

J 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) -2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1518 Hayden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Estelle

6. DATE OF BIRTH (month, day, year) Aug 28, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boats 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waverly Virginia

FATHER

13. NAME Scipio

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Martha Ann Boyd

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Beatrice Dillard (daughter)

(Address) 1518 Hayden Av

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Feb 23 1936

19. UNDERTAKER James A Hayes

(Address) 142 N Howard St

FEB 22 1936 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance: uremia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. V. V. Wright M. D.

(Address) 1010 S Wilson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. Failure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20981 HEALTH DEPARTMENT—CITY OF BALTIMORE F 20981

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Lauch Ann St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Stubb

(a) Residence: No. 605 Lauch Ann St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Stubb

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Cole

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Amanda

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Daniel Stubb

(Address) 605

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Feb 22 1936

19. UNDERTAKER A Hunkstead & Bro

(Address) 4 Edmondson Ave

19a. FILED FEB 22 1936 Herrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1936 to Feb 10 1936

I last saw her alive on Feb 10 1936 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 1936

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 22 1936

20982 F 20982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-B

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 21-2 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Albert R. Harrer
If U. S. Veteran specify WAR
(a) Residence: No. 3203 Southern Ave. Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Helfrich's Drug Store 0023
10. Date deceased last worked at this occupation (month and year) Feb 13, 1936
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME Gottfried Harrer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Henrietta ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Stephan (George Harrer
(Address) 3203 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Feb. 24 1936

19. UNDERTAKER HENRY SANDER & SONS. INC. Per J. Sander
(Address) Baltimore & Broadway

FILED FEB 22 1936 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1936 to Feb 20 1936
I last saw him alive on Feb 20 1936 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Feb 13, 36
Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 19, 36
For what disease or injury? Intestinal Obstruction
Name of operation Release of Obstruction Date of 4/18/36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Magruller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth 54 yrs mos da.

2. FULL NAME August Schneider (AUGUST SCHNEIDER) If U. S. Veteran specify WAR

(a) Residence: No. 3100 Foster Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) November 25 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andrew Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Ritz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret B. Wamsley

(Address) 3100 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evangelical Cem. Date Feb. 22. 1936

19. UNDERTAKER HENRY SANDER & SONS. INC

(Address) Baltimore & Broadway.

20. FILED Stanley Williams, Registrar

B 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenby M. D.
Coroner

(Address) 1919 E. North Ave.

WRITE PLAINLY, WITH PENCIL OR PEN. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

20984 D 1/31/24 F 20984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ambrose Denson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1111 Ensor St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 1-8-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Denson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Powell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/23/36

19. UNDERTAKER Wm E Cook

(Address) 1217 E Gold St

FILED FEB 22 1936 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-4-36, 19 .., to 2-20-36, 19 ..

I last saw him alive on 2-20-36, 19 . Death is said to have occurred on the date stated above, at 7¹⁵ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
Cachexia	

Other contributory causes of importance:

Senility

Was an operation performed? Yes Date of 2-7-36

For what disease or injury? Intestinal obstruction

Name of operation Exploration & Colostomy Date of 2-7-36

What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If specify

(Signed) Robt F Martin M. D.

(Address) Balto City Hospt.

Information should be carefully supplied. Age cannot be stated approximately. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

✓ F 20985

20985 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH.

REGISTERED NO. 27518

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3515 Spaulding ave ST. (WARD)

2 FULL NAME Julia Compston

(a) RESIDENCE NO. 3515 - Spaulding ave ST. WARD No War Record

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Albert R. Compston

6 DATE OF BIRTH (month, day, and year): Oct 9 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	59	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Zamske

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Albert R. Compston

(Address): 3515 Spaulding ave

15 Filed FEB 22 1936, 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20/36

17

I HEREBY CERTIFY, That I attended deceased from Jan 11, 19 36, to Feb 20, 19 36

that I last saw h er alive on Feb 20, 19 36

and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary): Chr Rheumatic Nephritis

(duration) 5 yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emmy G. Meyer M. D.

2/21 19 36 (Address) The Cylander

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: 2/24 19 36

20 UNDERTAKER: Wm Cook — ADDRESS: 127 St Paul

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 20986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 56

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1617 E. Madison St. 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Lucille Davis Lee

(a) Residence: No. 1617 E. Madison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced (or) WIFE of: Davis Lee
6. DATE OF BIRTH (month, day, year): October 3, 1903.
7. AGE: Years 32. Months 4 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Orangeburg S. C.

FATHER
13. NAME: Samuel F. DuPont.
14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER
15. MAIDEN NAME: Laura Willis
16. BIRTHPLACE (city or town) (State or country): Orangeburg S. C.

17. INFORMANT (Address): Laura Johnson 1617 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn Date Feb. 23 1936

19. UNDERTAKER (Address): Robert E. Young 80 & N. Carrline St

20. FILED: Huntington Feb 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/27 1936 to 2/19 1936
I last saw h.er alive on 2/19 1936 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho-pneumonia	1/26/36
Other contributory causes of importance:	
acute Rheumatic fever	2/10/36
acute Endocarditis	2/17/36

Was an operation performed? NO Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Rayner Brown M. D.
(Address) 1510 E. Madison St

FEB 22 1936

M. D. B. 1268-9

F 20987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Linden Ave. St., 13th Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Eilau Sonneborn

(a) Residence: No. 2217 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Meyer Sonneborn

6. DATE OF BIRTH (month, day, year) Feby. 9, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME David Eilau

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena ----------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Hirshberg,
(Address) 2217 Linden Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. Date Feb. 23 1936

19. UNDERTAKER Harris Sondheim & Sons
(Address) 1902 Eutaw Place

20. FILED FEB 22 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1936 to Feb 21, 1936

I last saw h[illegible] alive on Feb 21, 1936 Death is said to have occurred on the date stated above, at 4 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 year
Bronchs. pneumonia (cardiac)	5 days
Other contributory causes of importance:	
Arteri - sclerosis	5 yrs

Name of operation None Date of ~~✓~~

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Leitz M. D.

(Address) Temple Garden Apts.

Information should be furnished by relatives, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 20988

F 20988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Theresa M. Gorman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 - Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) September 22-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	"	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bryan Gorman

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Christina ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.
(Address) Little Sisters of the Poor - 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 22, 1936

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

Huntington Williams, Mgr.

B 22 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21 - , 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to Feb 21, 1936

Last saw h... alive on Feb 21, 1936. Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri	?

Other contributory causes of importance:

Asthenia	
Hypostatic Pneumonia	?
Cardiac Failure	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) E. McCarthy, M. D.

(Address) 1114 Hollins St.

Information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. If less than one day state hours or minutes. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

20989 F 20989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 644 Baltimore General Hosp St., 16-6 Ward)
Length of residence in city or town where death occurred 6 yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME William J. Smith Sr.
(a) Residence: No. 2 - 92nd Pl - Brooklyn Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Agnes Smith

6. DATE OF BIRTH (month, day, year) Jan. 31, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Metal Works
10. Date deceased last worked at this occupation (month, year) Feb. - 1935
11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Chas. A. Smith
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Emma Barnes
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Agnes Smith
(Address) 92 1st ch Ave, Brooklyn Park, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Feb. 24, 1936

19. UNDERTAKER J. Howard Evans
(Address) 1400 E. Chase St. (C.E.E.)

FEB 22 1936 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1936 to 2/20, 1936
I last saw him alive on 2/20, 1936 Death is said to have occurred on the date stated above, at 12 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arterio-Sclerosis	
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wilton Levin, M. D.
(Address) W.B.G.H.

information should be carefully supplied. Age should be stated EXACTLY. Where exact statement cannot be made, approximate statement should be given. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20990 ✓ F 20990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH † 89-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Shipley
If U. S. Veteran specify WAR .....

(a) Residence: No. 600 to North Bend Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	27	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Graduate Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1048
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Robert A. Shipley
14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Mary E. Hatfield
16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs. Robert A. Shipley
(Address) R. D. 2 Reisterstown Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Feb. 27. 36

19. UNDERTAKER C. M. Roth
(Address) Mansfield Md.

20. FILED FEB 23 1936 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-21- at 10.45 am, 1936 to 2-22, 1936

I last saw her alive on 2-22, 1936 Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	2-19-36
acute purulent meningitis (pneumococcus)	2-20-1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Robert W. Farr M. D.
(Address) University Hospital

20991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20991

10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St. 19-7 Ward)

Length of residence in city or town where death occurred ... yrs. 16 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ulysses M Butler

(a) Residence: No. 1627 Saratoga St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 21, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	16	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Butler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Evelyn Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 22, 1936

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED FEB 20 1936 ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 20th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1936 to Feb 20, 1936

I last saw h... alive on Feb 20, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal diphtheria	2-1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-20-36

For what disease or injury? Laryngeal obstruction

Name of operation Tracheotomy Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Sydenham Hospital

Information should be carefully supplied. Any change in the above must be reported at once. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

FEB 20 1936

F 20992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 N Patterson Park Ave Ward) 8-4

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Algernon Jones

(a) Residence: No. 1304 N. Patterson Park Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Florence V. Jones.

6. DATE OF BIRTH (month, day, year) July 16-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year) 2-18-36

11. Total time (years) spent in this occupation 35-

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Leander Jones.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Johnson.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Florence V. Jones.

(Address) 1304 Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mountmark Pk. Feb. 24-36

19. UNDERTAKER Wendell & Humphreys

(Address) 1501 E Baltimore.

FEB 22 1936

Reg. No. 2 E R. Dist. No. 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1936 to Feb 20, 1936

I last saw h. in alive on Feb 20, 1936 Death is said to have occurred on the date stated above, at 730 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset .....

Other contributory causes of importance:

Cirrhosis of Liver — Date of onset .....

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, (Signed) B. P. Herzog M.D. M. D.

(Address) 1305 N Patterson Park ave

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Spec.—9-30—A. & Co.—250 Bks.

F 20993 ✓ F 20993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 5211 St Albans Way) (Ward 25-12)

2 FULL NAME Elizabeth Kephart

(a) RESIDENCE NO. (Usual place of abode) Elkins W Va (Home) ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 3 mos. ds. How long in U. S. (if foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (~~HUSBAND~~) of (or) WIFE of Howard A

6 DATE OF BIRTH (month, day, and year) Oct 21. 1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bristol Pa.

PARENTS

10 NAME OF FATHER: Frank Marks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bedford Co Pa

12 MAIDEN NAME OF MOTHER: Sarah Witherson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Coigt Wales

14 Informant: Mrs Geo L Potts

(Address): 5211 St albans way

15 [illegible] Registrar

FEB 23 1936

MEDICAL CERTIFICATE OF DEATH 11.03 PM

16 DATE OF DEATH (month, day, and year) Feb 21-1936

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1935, to Feb 21, 1936

that I last saw her alive on Feb 21, 1936

and that death occurred, on the date stated above, at 11.03 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? Yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Samuel B Wolfe M. D.

2-22 1936 (Address) 1331 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elkins W Va

DATE OF BURIAL: 2/22 1936

20 UNDERTAKER: W M Cook

ADDRESS: 1214 Gordon

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 20394

Registered No. 1 - 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 66 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Clarence Williams
(a) Residence: No. 606 Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Williams

6. DATE OF BIRTH (month, day, year) May 18, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 yrs	9	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER
13. NAME Elijah Williams
14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER
15. MAIDEN NAME Clara ?
16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Elizabeth Williams
(Address) 606 Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Red Spring N. C. Date Feb 22, 1936

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 E Lafayette Ave

FEB 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1936 to 2-20, 1936
I last saw him alive on 2-20, 1936 Death is said to have occurred on the date stated above, at 8:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute tuberculous pneumonia	
Old tuberculous process of lungs	

Other contributory causes of importance

Was an operation performed? no Date of —
For what disease or injury?
Name of operation
What test confirmed diagnosis? X-ray Was there an autopsy? no Date of

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) I. Freeman, M. D.
(Address) University Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20995

M.O. B 12859

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 20995

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Joseph F. Coster

(a) Residence: No. 510 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie E. Coster

6. DATE OF BIRTH (month, day, year): March 7, 1800

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	09	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W-3-A

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: William F. Coster

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Carrie E. Coster

(Address): 510 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 25 1936

19. UNDERTAKER: Wm Cook

(Address): 1217 E. Paul St

20. FILED FEB 23 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22, 1936

22. I HEREBY CERTIFY, That I last saw the deceased alive on Inquiry (Interval) and that I have seen the body after death. The cause of death, as stated above, was obtained from Inquiry (Personal Attendance, Autopsy or Inquiry) and not from any personal knowledge. His death occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypostatic Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. O'Malley M. D.

(Address) 2357 N. Howard

20996

F 20996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E2-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Rosalie Ave. St. 27-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (Yes or No) specify WAR No Record

2. FULL NAME John Hebler

(a) Residence: No. 3007 Rosalie Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Frances Hebler

6. DATE OF BIRTH (month, day, year) July 27, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Produce

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frances Snow

(Address) 3007 Rosalie Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 24 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED FEB 23 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21 1936

22. I HEREBY CERTIFY, That I last saw the deceased [illegible] February 21 1936 and that [illegible] (Disease, Autopsy Inquiry) thereon and from the evidence obtained by me [illegible] (Accident, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:

Cerebral hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Ahrenberg M. D.
Coroner

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

F 20997

F 20997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals - 1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Mack

If U. S. Veteran specify WAR World War

(a) Residence: No. 1908 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Vera D. Mack

6. DATE OF BIRTH (month, day, year): Jan 22 1895

7. AGE: Years 41; Months —; Days 26 27; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retail merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tavern keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Fredrick Mack

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Melvina (?)

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Vera D. Mack

(Address): 1908 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: Feb 24th 1936

19. UNDERTAKER: Wm Cook

(Address): 1217 St. Paul St

20. FILED: FEB 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	
(a) Fracture (compound) Left Tibia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Jan 24 1936

Where did injury occur? Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Saloon. 602 S. Wolfe St.

Manner of injury Fall during a fight

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright M. D.

Coroner

(Address) 1010 S. Edwards Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

20998 A Co—250 Blks

F 20998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-C

1 PLACE OF DEATH — REGISTERED NO. 15-9

CITY OF BALTIMORE (No.) 3911 Gwynns Falls Parkway (WARD) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Beatrice Anne Laufcher

(a) RESIDENCE NO. 3911 Gwynns Falls Parkway WARD 15

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred Life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) Aug 23rd 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Oakland K. Laufcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Troy N. Y.

12 MAIDEN NAME OF MOTHER Elizabeth M. Abrams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London England

14 Informant Raymond W. Laufcher (Address) 5112 Belli Ave

15 Filed FEB 23 1936 By ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22nd 1936

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 22/36, 19 ... that I last saw her alive on Feb 21, 19 36 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? Date of ——

Was there an autopsy? ——

What test confirmed diagnosis? Physical

(Signed) Walter S. Clarke M. D.

19 (Address) 22 W Harrison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 2/24/1936

20 UNDERTAKER Wm Cook 1217 St. Paul St — ADDRESS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 20999 ✓ F 20999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt., St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Mary Tudor

If U. S. Veteran specify WAR No Record

(a) Residence: No. 923 E. 30th St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Sep. Married

6a. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Howard Tudor

6. DATE OF BIRTH (month, day, year) 9-2-1870

7. AGE: Years 65 (66) Months 5 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George F. Neuwiller

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Anne Everheart

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records of Balto City Hospt.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 24th 1936

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar: .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/9, 1932 to 2/22, 1936

I last saw h[illegible] alive on 2/22, 1936 Death is said to have occurred on the date stated above, at 4½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 days
Arteriosclerosis	?

Other contributory causes of importance: None.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21000

12150

✓ F 21000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Bayton

(a) Residence: No. ... (Usual place of abode) 22 E. Lexington St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Lavinia 1879

6. DATE OF BIRTH (month, day, year) 3-27-~~1870~~

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 ~~65~~	11 10	2 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B.C.H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 2/25 19 36

19. UNDERTAKER Wm A Pickerson (Address) 916 E Pennsylvania ave

20. FILED ... 19 ... (Registrar)

FEB 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/6 1936 to 2/21 1936

I last saw him alive on 2/21 1936 Death is said to have occurred on the date stated above, at 1.10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma of stomach	?
2 metastasis liver	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reitz M. D.

(Address) Baltimore Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

21001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital (Emergency) Registered No. 210-M

CITY OF BALTIMORE: (No. ~~2231 Walbrook Ave.~~) Ward 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Jaffe

(a) Residence: No. 2231 Walbrook Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 6 - 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER FATHER

13. NAME Solonon Jaffe

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esther Brown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Soloron Jaffe

(Address) 2231 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Lehren Sargains Date 2/23 19 36

19. UNDERTAKER Jas. Lewis Lee

(Address) 1429 E. Balto St

20. FILED FEB 22 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract. Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide or homicide? Accident Date of injury 2/22 19 36

Where did injury occur? Mid Railway St Paul (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

How injury occurred Collided with Cole Automobile

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hunter Sinclair Auto. M. D. Coroner

(Address) 907 N. Charles St

INFORMATION SHOULD BE CAREFULLY AND ACCURATELY WRITTEN. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN TERMS THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. AGE should be stated EXACTLY. Exact statement of [illegible] that it may be properly classified. [illegible] ructions on back of certificate.

M. D. B. 1938-9

21002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21002

CERTIFICATE OF DEATH

53-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hosp. for Women of Md. Ward 2)

Registered No. 3252

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth 42 yrs. mos. ds.

2. FULL NAME Sarah Valoshen

(a) Residence: No. 2219 Eutaw Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles Valoshen

(Address) 216 Lake Avenue

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 2/23/36, 19

19. UNDERTAKER Jack Cohen Inc.

(Address) 1439 E. Lexington St.

20. FILED 2-25-1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1935, to Feb 22nd, 1936

I last saw her alive on Feb. 22nd, 1936 Death is said to have occurred on the date stated above, at 1500 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
metastatic Carcinoma	

Other contributory causes of importance:

Name of operation Biopsy Rt. Thigh Date of 2-17-36

What test confirmed diagnosis Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Gr. Kaplan, M. D.

(Address) 1814 Eutaw Place

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21003 ✓ F 21003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3501 Elm Ave St., 13-6 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A. Kidd

If U. S. Veteran specify WAR

(a) Residence: No. 3501 Elm Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Thomas Kidd

6. DATE OF BIRTH (month, day, year) Aug. 18-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Irelands Baltimore

FATHER

13. NAME Thomas R. Leach

14. BIRTHPLACE (city or town) (State or country) Irelands Md

MOTHER

15. MAIDEN NAME Lena Johnston

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Thomas Kidd
(Address) 3501 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto County Date Feb 24 1936

19. UNDERTAKER R. J. Woodall
(Address) 3534 Falls Road

(Date) Registrar

FEB 29 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1936, to February 21, 1936

I last saw her alive on February 20, 1936. Death is said to have occurred on the date stated above at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis -	1926
Other contributory causes of importance:	
Cellulitis of left leg with lymphangitis	1/30/36

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 2117 Maryland Ave

F 21004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21004

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Mt Royal Terrace, 13-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Everhart Leber

If U. S Veteran specify WAR .....

(a) Residence: No. 1916 Mt Royal Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Leber

6. DATE OF BIRTH (month, day, year) Feb 22 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York, Penna.

FATHER

13. NAME David Everhart

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Fanny Hoke

16. BIRTHPLACE (city or town) (State or country) York, Penna.

17. INFORMANT Mrs Claude Leber

(Address) 111 Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Feb 24 1936

19. UNDERTAKER Chas. L. Black

(Address) 711 W. Baltimore

FILED FEB 25 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Feb 22 1936

I last saw h[illegible] alive on Feb 21 1936 Death is said to have occurred on the date stated above, at 1030 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	1 year
Other contributory causes of importance: Arterio-sclerosis	1932

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert F. Bellman M. D.

(Address) 6 East Biddle St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21005

M. D. B 1268-9

F 21005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH #3 Pier Canton

CITY OF BALTIMORE: (No.) ..... St., 8-3 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George John Reif

If U. S. Veteran specify WAR .....

(a) Residence: No. 1210 N. Decker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie M. Reif

6. DATE OF BIRTH (month, day, year) June 8 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Fire Dept #9 Truck Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John A

14. BIRTHPLACE (city or town) (State or country) Byron, Bavaria Germany

MOTHER

15. MAIDEN NAME Anna M. Stoffel

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Marie Reif

(Address) 1210 N. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Oak Lawn Cem. Date Feb 25 1936

19. UNDERTAKER Chas. G. Kraus & Son

(Address) 118 West Baltimore

FEB 23 1936 Lexington Filbert

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury Feb 21 1936

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On line of duty - Fire fighting

Manner of injury Fell face down in pool of water

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Fire fighting

(Signed) J. F. Murphy M. D. Coroner

(Address) 1010 S. Ellwood Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21006

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 E. 39th. St. St. 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY CLARK GEISENDAFFER.

If U. S. Veteran specify WAR

(a) Residence: No. 4 E. 39th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry T. Geisendaffer

6. DATE OF BIRTH (month, day, year) June 13th. 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9 8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard B. Clark

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Bertha McClelland

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Harry T. Geisendaffer
(Address) 4 E. 39th. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 24" 1936

19. UNDERTAKER Chas F. Mauss & Son
(Address) 18 W. Mt. Royal Ave.

20. FILED FEB 23 1936 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 21st. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1936 to Feb 21 1936

I last saw h alive on Feb 21 1936 Death is said to have occurred on the date stated above, at 3308 m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset 2/14/36

Other contributory causes of importance:

Broncho pneumonia — 2/19/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H G Jones M. D.

(Address) 720 N. Monroe Ave

F 21007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21007

CERTIFICATE OF DEATH

9-5-131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 East 20th Street St., 9 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ALONZO MEDFORD, SR.

(a) Residence: No. 1903 E. 20th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Medford

6. DATE OF BIRTH (month, day, year) Dec. 23, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea Food Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Medford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Daniel Medford
(Address) 1903 E. 20th St,

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md. Date Feb 25 36

19. UNDERTAKER Chas. H. Grace & Son
(Address) 115 W. Mt. Royal Ave

20. FILED [illegible] Registrar

FEB 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 19 , to Feb 22, 19 .

I last saw him alive on 2/22, 1936 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Chronic Interstitial Nephritis,	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Myles Ensor, M. D.

(Address) 5103 Reisterstown Rd

S. S.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

16 F 21008

Dr. Arthur Hearn
3906 Gaskins Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

21008

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 N. Lakewood Ave. St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Stanley Sprock

If U. S. Veteran specify WAR

(a) Residence: No. 607 N. Lakewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30th 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John M. Sprock

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Ozine Thibarge

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT John M. Sprock
(Address) 607 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 2/24 1936

19. UNDERTAKER E. J. Fanning & Son
(Address) 1738 E. Lafayette Ave.

20. FILED FEB 29 1936 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1936 to Feb 24 1936

I last saw him alive on Feb 24 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma of Liver & Spleen	1/10/36
Other contributory causes of importance None	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. C. Hearn M. D.

(Address) 3906 Gaskins Rd

1936

F. B. WARE, PRINTER, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21009 V F 21009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Boler

If U. S. Veteran specify WAR

(a) Residence: No. 1515 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Boler

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Royal Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lillie Boler

(Address) 1515 W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Bx. Cypress Date 2-23 1936

19. UNDERTAKER Mrs. Geo. E. Holland

(Address) 1631 Druid Hill Ave

20. FILED 19 Register

FEB 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Dilitation	
Other contributory causes of importance: Myocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elmer B. Ballard M. D. Coroner

(Address) 103 E. Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21010

F 21010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital St., 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillia Smith

If U. S. Veteran specify WAR.

(a) Residence: No. 1041 Argyle Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec, 10, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Teamer

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Mary Strater

(Address) 1041 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 2-28- 1936

19. UNDERTAKER Wm. H. Holland

(Address) 1101 Lanvale St.

20. FILED [illegible] 19 [illegible]

FEB 28 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, what?

(Signed) [illegible] M. D.

Coroner

(Address) 2736 Frankstown Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21011

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W. Biddle St. St., 17 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Davis

(a) Residence: No. 517 W. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Isaac Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Milinda Bowen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Matron Shelter Lodge
(Address) 517 W Biddle St.

18. BURIAL, CREMATION OR REMOVAL
Place Laurel Cem Date 2/24/ 1936

19. UNDERTAKER Francis A Kemler
(Address) 578 W. Biddle St

20. FILED 19 [illegible]

FEB 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jany 5 1936 to Feby 22 1936

I last saw her alive on Feby 16 1936 Death is said to have occurred on the date stated above, at 12.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	Jany 5 1936

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. C. Pelleam M. D.

(Address) 817 Hamilton Ter.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21012 ✓ F 21012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-1 ard)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Agnes Mc Cubbin.

(a) Residence: No. 1121 Wilson Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Mc Cubbin

6. DATE OF BIRTH (month, day, year) Sept. 4, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Feb 10

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Wellon (Deceased)

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary (deceased)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Feb 25, 1936

19. UNDERTAKER Edmund W. Combs
(Address) 924 E. Eager St.

20. FILED FEB 25 1936 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1936, to Feb. 21, 1936

I last saw h.. alive on Feb. 21, 1936 Death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal disease	Feb. 1935 (Approx)
Other contributory causes of importance: Cerebral Hemorrhage (Rt. side)	Feb 14 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin Knowles Jr. M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EB 25 1936

F 21013 ✓ F 21013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 98

1. PLACE OF DEATH — Registered No. 42

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Henry Parker

(a) Residence: No. La Plata Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfax Co Va

FATHER

13. NAME Wm Henry Parker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT David Parker
(Address) 1215—50th St. N.E. Wash DC

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date 2/23/ 1936

19. UNDERTAKER Frances A. Keyseley
(Address) 578 W. Biddle St.

FEB 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 1 — 11 1936 to 2 — 21 1936

I last saw him alive on 2 — 21 1936 Death is said to have occurred on the date stated above, at 7:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia bilateral Lower lobes.	2-18-36

Other contributory causes of importance: Hypertension and cardiac decompensation. Arteriosclerotic gangrene toes.

Was an operation performed? No Date of 2-5-36

For what disease or injury? Arteriosclerotic gangrene of toes

Name of operation amputation toes Date of 2-5-36

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Reese M. D.

(Address) University Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21014

F 21014 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3652 Elm Ave St. 43-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Joseph S. Mister

If U. S. Veteran specify WAR .....

(a) Residence: No. 3652 Elm Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Louisa Mister

6. DATE OF BIRTH (month, day, year) Feb 17, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Columbus Mister.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Harriett Lindemann.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Louisa Mister.

(Address) 3652 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn. Date Feb 25, 1936

19. UNDERTAKER Chenoweth Son.

(Address) 3615-17 Chestnut Ave

FEB 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1936, to Feb 22, 1936

I last saw him alive on Feb 22, 1936. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Renal disease	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. H. Duguechon M. D.

(Address) 850 W Fayette

WRITE PLAINLY, with pen and ink, and use no abbreviations. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21015

F 21015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital — Registered No. 93-E

CITY OF BALTIMORE: (No. ... St., ... Ward) 25-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 51 mos. 8 ds. 20 How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Greason Kettell — U. S. Veteran (specify WAR)

(a) Residence: No. 1811 Spence St, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ralph Kettell

6. DATE OF BIRTH (month, day, year) June 1 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Andrew Sauers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Wagner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Ralph Greason, 1811 Spence St,

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date 2-12-, 1936

19. UNDERTAKER Edw Foulkrod

(Address) 2359 Ulark Blvd

FILED FEB 25 1936, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to Her death on the day stated above 9.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	July 1935

Other contributory causes of importance:

Obesity

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H Phillips Coroner M. D.

(Address) 1939 Edmondson Ave,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21016 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21016

CERTIFICATE OF DEATH

Registered No. 15-6 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital St., (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry F. McShane.

(a) Residence: No. 2947 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of Marie D. McShane.

6. DATE OF BIRTH (month, day, year) August 31, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John F. McShane.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Marie J. Affvyroux.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Marie D. McShane. (wife)
(Address) 2947 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 25th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FEB 24 1936 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) [illegible] M. D.
2/22/36 Coroner
(Address) 1017 E. Charles St.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21017

F 21017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8 = 7 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert B. Armstrong
If U. S. Veteran specify WAR No Record

(a) Residence: No. 1263 North Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~the wife of~~ Rebecca Armstrong

6. DATE OF BIRTH (month, day, year) Mar 24th 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractors Equipment
10. Date deceased last worked at this occupation (month and year) Feb 1936
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Village Green Delaware Co. Pa.

FATHER

13. NAME James C. Armstrong
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Margaret Buchanan
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Clara D. Boyer (Sister)
(Address) 1335 Kerlin st Chester Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Pa Date Feb 24th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st
Huntingtown Baltimore Md

FEB 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1936 to Feb 23, 1936
I last saw him alive on February 23, 1936 Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Staphylococcus sore throat.	
2. Edema of larynx	
Other contributory causes of importance:	
1. Chronic myocarditis	

Was an operation performed? Yes Date of 2-23-36
For what disease or injury? Edema larynx
Name of operation Tracheotomy Date of 2-23-36
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. W. Mueseller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 21018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21018

CERTIFICATE OF DEATH

v 164a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 N. Patterson Pk. Ave St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Zucker

If U. S. Veteran specify WAR

(a) Residence: No. 1113 N. Patterson Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced (or) WIFE of Eugene S. Zucker

6. DATE OF BIRTH (month, day, year) January 20 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Mathias Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Kimpfling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Wagner

(Address) Harrisburg Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Md. Date Feb. 24 1936

19. UNDERTAKER Philip Hering Sons

(Address) 216 Orleans St

20. FILED FEB 24 1936 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 20, 1936.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Feb. 20, 1936

Where did injury occur? 1113 N. Patterson Pk. Ave Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned on jets (5) in gas range

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul Schaefer M. D.
Coroner

(Address) 1918 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

FEB 24 1936

F 21019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21019

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 W. Biddle St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa West

(a) Residence: No. 329 W. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 90

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas West

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Sarah Goss

16. BIRTHPLACE (city or town) (State or country) Saint Marys Co. Maryland

17. INFORMANT Florence Ringgold

(Address) 3299 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 2/24/36 19

19. UNDERTAKER Archibald A. Gaddis

(Address) 2311 McCulloh St.

FILED FEB 24 1936 Huntington Pollitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20- 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1936, to 2-20- 1936

I last saw her alive on 2-20- 1936. Death is said to have occurred on the date stated above, at 7.30 P m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-16-36

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. Bangiel M. D.

(Address) 611- N. Carolina

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21020

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 619 N Consolidated (Ward) 16-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Tosh

If U. S. Veteran specify WAR

(a) Residence: No. 619 N Consolidated Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Tosh

6. DATE OF BIRTH (month, day, year) July 30 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Iron Foundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ammunition Brake

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co

FATHER

13. NAME Henry Tosh

14. BIRTHPLACE (city or town) (State or country) Howard Co

MOTHER

15. MAIDEN NAME Rachel Tyler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Tosh

(Address) 619 N Consolidated

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 26 1936

19. UNDERTAKER Samuel Albright

(Address) 708 N Consolidated

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1936 to Feb 23 1936

I last saw h[illegible] alive on Feb 23 1936 Death is said to have occurred on the date stated above, at 5 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1934
Cardiac Exhaustion	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1936

F 21021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21021

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Ridgewood Road St. 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME SUSAN HISS

If U. S. Veteran specify WAR

(a) Residence: No. 211 Ridgewood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME P. Hanson Hiss

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Susan Shirk

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary M. Hiss

(Address) 211 Ridgewood Road

18. BURIAL, CREMATION, OR REMOVAL Loudon Park

Place Burial at Green Mount Date Feby 24 1936

19. UNDERTAKER John C. Mitchell Sons

(Address) 1900 Eutaw Place Balto.

FEB 24 1936 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 . 1935 to Feb 22 . 1936

I last saw h[illegible] alive on Feb 21 . 1936 Death is said to have occurred on the date stated above, at 9⁰⁰ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach with metastasis to the lungs	about Sept 1, 1935

Other contributory causes of importance:

General Carcinomatosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? X-ray & clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

I hereby sign Julius Friedenwald M. D.

(Address) 1013 N. Charles St.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21022

F 21022

30969 98

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St., 27-19 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Haller

(a) Residence: No. 5503 Park Heights ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bradley M. Haller

6. DATE OF BIRTH (month, day, year) 11-1-93

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Felix McKenna

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anatasia Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Levin Gross Rds. a.a.co. Date 2/25/36 19

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

Baltimore, Md.

Registrar.

EB 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936, to Feb 21, 1936

I last saw her alive on Feb 21, 1936. Death is said to have occurred on the date stated above, at 8.54 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	2-19-36
Essential hypertension	1932
Chr. Nephritis	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas O. O. Kennie M. D.

(Address) Johns Hopkins Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 21023

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Lonise Ave 27 Ward 5)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Wm Bokee

If U. S. Veteran specify WAR .....

(a) Residence: No. 3105 Lonise Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Cross Bokee

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dept Head

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. & P. Tel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo. Maurice Bokee

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Reg. A. Keyser

(Address) 2602 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb. 23 1936

19. UNDERTAKER Wm. J. Rickert Sons

(Address) South & Fayette.

20. FILED Feb 24 1936 Thurlington Tee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-15-36, 1936, to 2-21, 1936

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2-21-36
Angina pectoris	6-[illegible]-35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. A. Aleon, M. D.

(Address) 6217 Harford Rd.

FEB 24 1936

F 21024

F 21024

HEALTH DEPARTMENT—CITY OF BALTIMORE

30947

CERTIFICATE OF DEATH

X V 59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 7-5 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Foreman

(a) Residence: No. 10 N Fusting Ave St., Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/6/1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Rutland

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Bessie Eggsum

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Feb. 25 1936

19. UNDERTAKER Elroy P. Wilson

(Address) 1006 Pennsylvania Ave.

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936 to Feb 21, 1936

I last saw her alive on Feb 21, 1936 Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus, 3	1934
Coma (acidosis)	2/7/36
Alkalosis	2/17/36
(Excess soda administration)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John B. Grossman, M. D.

(Address) The Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1936

M. D. P. 1268-9

F 21025 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21025

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 W Franklin St., 18 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Stanley

(a) Residence: No. 1120 W Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	M

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Bessie Stanley

6. DATE OF BIRTH (month, day, year) June 5 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockyard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME Asbury Stanley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Clark

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bessie Stanley

(Address) 1120 W Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Taylor Island Md. Date Feb 24, 1936

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Sharp St

Baltimore Md

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935 to 2-21, 1936

I last saw h[illegible] alive on 2-21, 1936 Death is said to have occurred on the date stated above, at 11:5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	12-1-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Grucker M. D.

(Address) 1126 Druid Hill

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 27 1936

F 21026 F 21026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 19th Ward)

Length of residence in city or town where death occurred yrs. 14 mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gloria Miller

If U. S. Veteran specify WAR

(a) Residence: No. 509 N. Parrish St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1935 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	14		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. Miller

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Wyoming Miller

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Va.

17. INFORMANT Wyoming Miller
(Address) 509 N Parrish St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/24 1936

19. UNDERTAKER Chas H Cooper
(Address) 514 N. Calhoun St.

FILED FEB 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2·22 1936

22. I HEREBY CERTIFY, That I attended deceased from 2·18 1936 to 2·22 1936

I last saw her alive on 2·22 1936. Death is said to have occurred on the date stated above, at 14° A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2/16/36
Other contributory causes of importance: Bilateral otitis media	2·17·36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Jackson M. D.

(Address) 100 N. Arlington

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21027

F 21027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercer Hosp. St., 4-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hattie Green

(a) Residence: No. Meadows md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 12 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Meadows Prince Geo. Co Md

FATHER

13. NAME Robt. Green

14. BIRTHPLACE (city or town) (State or country) Prince Geo. Co Maryland.

MOTHER

15. MAIDEN NAME Sarah Tutis

16. BIRTHPLACE (city or town) (State or country) Prince Geo Co Maryland

17. INFORMANT A. T. Sullivan
(Address) Upper Marlboro

18. BURIAL, CREMATION, OR REMOVAL
Place Meadows Upper Marlboro Date Feb 24 1936

19. UNDERTAKER Ritchie Bro
(Address) Upper Marlboro Md

20. FILED FEB 24 1936 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1936 to 2-23 1936

I last saw her alive on 2-23 1936 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. acute tuberculous bronchopneumonia	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. L. Howard M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

M. D. B 1268-9

F 21028

F 21028 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 N. Patterson Pk. Ave St., 8-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Kubant

U. S. Veteran specify WAR .....

(a) Residence: No. 1101 N. Patterson Pk. Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (Husband of) (or) WIFE of James Kubant

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph Sir

(Address) 924 N. Pattersons Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakdale Date Feby 24th 1936

19. UNDERTAKER Geo M. Arick & Son

(Address) 811 N Wolfe St

20. FILED ... 19... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 . 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Signed Dr. Inquest

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Wheeler M. D.

(Address) 1918 E. North Ave. Coroner.

S. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

R 24 1936

A•Co. 5-11 2508

F 21029 HEALTH DEPARTMENT—CITY OF BALTIMORE F 21029

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sqr. Hospital 8-5 131 Registered No. 6347
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ~~Balto~~ W. Balto St., ~~8~~ 5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Plowman

(a) Residence: No. 1822 N. Castle St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ella L. Plowman

6. DATE OF BIRTH (month, day, year) Dec 22 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	1	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0053

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Plowman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth Mean

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ella L. Robertson

(Address) 4 Edgewood Rd

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Lyon Date Feb 26 1936

19. UNDERTAKER Geo M Smith & Son

(Address) 811 N Howard St

20. FILED FEB 24 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1936, to Feb 23, 1936

I last saw him alive on Feb 23, 1936, death is said to have occurred on the date stated above, at 7.05 A m.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis (Generalized)
Chronic nephritis

Date of onset

Other contributory causes of importance:

Renal-lithiasis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. J. Bottaglia M. D.

(Address) Franklin Sqr. Hospital

Information should be carefully supplied. Avoid should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 21030

F 21030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSP'T St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thelma Bergstrom

If U. S. Veteran specify WAR .....

(a) Residence: No. 26 S. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Carl E Bergstrom

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Thelma Anderson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother (Address) Same

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood, Date Feb. 20, 1936

19. UNDERTAKER John H. Moran (Address) 3000 E. Baltimore St.

FEB 24 1936 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1936 to Feb 22, 1936

I last saw him alive on Feb 22, 1936 Death is said to have occurred on the date stated above, at 9 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	2-8-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D Schweitzer M. D.

(Address) SYDENHAM HOSP'T

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

F 21031 F 21031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 121

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3015 Guilford av ST. 12-2 WARD

2 FULL NAME William L. Crean

(a) RESIDENCE NO. 3015 Guilford av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie E. Crean

6 DATE OF BIRTH (month, day, and year): July 24, 1856

7 AGE: Years 79; Months 6; Days 29; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Retired Furniture

(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Scotland

PARENTS

10 NAME OF FATHER: Thomas Crean

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Lady Mary Inbuckle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant (Address): Florence L. Sews 3015 N. Guilford av

15 [illegible], 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 23/1936

17

I HEREBY CERTIFY, That I attended deceased from 1-21, 1936 to 2-23, 1936

that I last saw h[illegible] alive on 2-20, 1936

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Acute myocarditis 3 days.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chr nephritis ?

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Allen E. Schmidt M. D.

19 (Address) 2939 E. Chase St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: Feb. 26, 1936

29 UNDERTAKER: John A. Moran

ADDRESS: 3000 E. Baltimore

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1936

F 21032 F 216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 W Mulberry St., 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Joachimo

If U. S. Veteran specify WAR

(a) Residence: No. 1101 W Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of William

6. DATE OF BIRTH (month, day, year) April 20 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. married

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no occupation 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augustgum Germany

FATHER

13. NAME Frederick Borchers

14. BIRTHPLACE (city or town) (State or country) Augustgum Germany

MOTHER

15. MAIDEN NAME ? Eaton

16. BIRTHPLACE (city or town) (State or country) Augustgum Germany

17. INFORMANT Mrs Minnie Barber.

(Address) 1907 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Feb. 21 19 36

19. UNDERTAKER Ward & Purdie

(Address) 4101 Eastern Ave

Huntington Williams, M.D.

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1930 to February 1 1936

I last saw h alive on February 1 1936 Death is said to have occurred on the date stated above, at 1 53 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder	8 1 35
Other contributory causes of importance:	
Chronic Heart Disease	Unknown
Hypertension	61

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Riland M. D.

(Address) 532 Lumsden Ave.

EB 24 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H. D. B. 1268-9

F 21033

F 21033 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No.) St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilburn Ross

(a) Residence: No. Street Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud

6. DATE OF BIRTH (month, day, year) 3/7/06

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trade Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Wilburn Ross

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Phoebe Gilbert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Harlington Md Date Feb. 26 1936

19. UNDERTAKER H. F. Bailey
(Address) Harlington Md

20. FILED FEB 24 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1936 to Feb 23, 1936

I last saw h[illegible] alive on Feb 23, 1936 Death is said to have occurred on the date stated above, at 4:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, pneumococcal	2/18/36
Otitis media, left	1/2/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph T. Sadusk, Jr. M. D.
(Address) Johns Hopkins Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 21034

F 21034 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 178-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 8-1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert F Suter

(a) Residence: No. 3018 Iona Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of Mary Suter

6. DATE OF BIRTH (month, day, year) Oct 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Berlin
(State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Robert F. Suter
(Address) 3018 Iona Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 2/26 1936

19. UNDERTAKER Wm Cook
(Address) 1210 E Pond St
Huntington W Va

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Improper combustion from illuminating gas)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb. 21, 1936.

Where did injury occur? 624 Eutaw St. - Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Place of business

Manner of injury Improper combustion from gas mantle.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1918 E. Monument Ave.

EB 24 1936

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 21035

F 21035 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4100 Park Heights ave St., Ward 3

Length of residence in city or town where death occurred yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Cecelia Goldberg

(a) Residence: No. 4100 Park Heights ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 2 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mollie ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irving Goldberg
(Address) 4100 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cemetery Date Feb 24 19 36

19. UNDERTAKER A. J. Rosenbush Sons
(Address) 1212 Pennsylvania Ave, Baltimore, Md.

20. FILED Feb 24 1936 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1936 to Feb. 23, 1936

I last saw her alive on Feb. 23, 1936 Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel S. Glick M. D., M. D.

(Address) 3914 Park Hts Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21036

HEALTH DEPARTMENT—CITY OF BALTIMORE

21036

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals TB Div. 3 47-B Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Peter Mikulewicz If U. S. Veteran specify WAR .....

(a) Residence: No. 1818 Aliceanna St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unkown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unkown

10. Date deceased last worked at this occupation (month and year) Unkown

11. Total time (years) spent in occupation Unkown

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Mikulewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Evelyn Kaughlin

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 26 1936

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

FEB 24 1936 Huntington Williams, M.D.
Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1936 to Feb. 22, 1936

I last saw him alive on Feb. 22, 1936. Death is said to have occurred on the date stated above, at 11.10a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Pulmonary Tuberculosis~~	~~Dec. 1935~~
Carcinoma of Lung (Bronchogenic)	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 21037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N.B.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Williams (Evangeline)

(a) Residence: No. 107 N. Hare St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-20-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4 days			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B C H Balto Md

FATHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Evangeline Carr

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records of Balto. City Hospt.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 24. 1936

19. UNDERTAKER John E. Miller

(Address) 2433 E. Baltimore St

Huntington Matthews, M.D.

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23 . 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw her alive on 2-23 . 1936 Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	
Patent Foramen Ovale	
Patent Ductus arteriosis	

Other contributory causes of importance:

Adelactasia of lungs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred. E. Kodon M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1936

F 21038 # 12355 F 21038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mary Robinson
(a) Residence: No. 1819 Hope St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carroll E. Robinson

6. DATE OF BIRTH (month, day, year) Oct. 18th, 1895.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Luther Schumaker
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Genevieve Keefer
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb. 25, 1936

19. UNDERTAKER George J. Toth Sons
(Address) 1715 Huntington Ave
Huntington Williams Registrar

FEB 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/17, 1936 to 2/21, 1936
I last saw h.. alive on 2/21, 1936 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/17/36
Hypertension	?

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.
(Address) Baltimore, Md.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION in very important. See instructions on back of certificate.

F 21039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 21039

131

Registered No. 101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Harford Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Schmidt

(a) Residence: No. 1206 Harford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L. Schmidt

6. DATE OF BIRTH (month, day, year) Nov. 19th 1885.

7. AGE	Years	Months	Days	If LESS than 1 day, hours or min.
	50	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Ries

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Ehrlem

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Elmer L. Schmidt
(Address) 1206 Harford Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Feb. 25, 1936

19. UNDERTAKER George Kelly Sons
(Address) 1705 Edmondson Ave.

Penrington Williams, MD
Register

20. FILED 19

FEB 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 36

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1936 to Feb 23 1936

I last saw h. alive on Feb 22 1936 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Chr Hypertrophy

Date of onset

Other contributory causes of importance:

Acute Dilatation

Chr Myocarditis

Hypostatic pneumonia

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jno C Carter M. D.

(Address) 1117 Harford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

F 21040 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 21040

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 702 William St. 22-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? 25 yrs. ___ mos. ___ ds.

2. FULL NAME Concettina Di Blasi

(a) Residence: No. 702 William St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Giuseppe Di Blasi

6. DATE OF BIRTH (month, day, year) Oct. 2 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Valgurnera Italy

FATHER

13. NAME Giuseppe Chiaramonte

14. BIRTHPLACE (city or town) (State or country) Valgurnera Italy

MOTHER

15. MAIDEN NAME Concetta Torregrossa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Giuseppe Di Blasi
(Address) 702 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 25 36 ID

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Morley St.

FEB 24 1936 Baltimore, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1933 to Feb. 23, 1936

I last saw her alive on Feb. 23, 1936 death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	?
Arteriosclerosis	
Senility	

Other contributory causes of importance:

Cerebral Hemorrhage
Pulmonary Edema

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? Not so, specify ___

(Signed) Vincent M. Messina M. D.

(Address) 1411 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

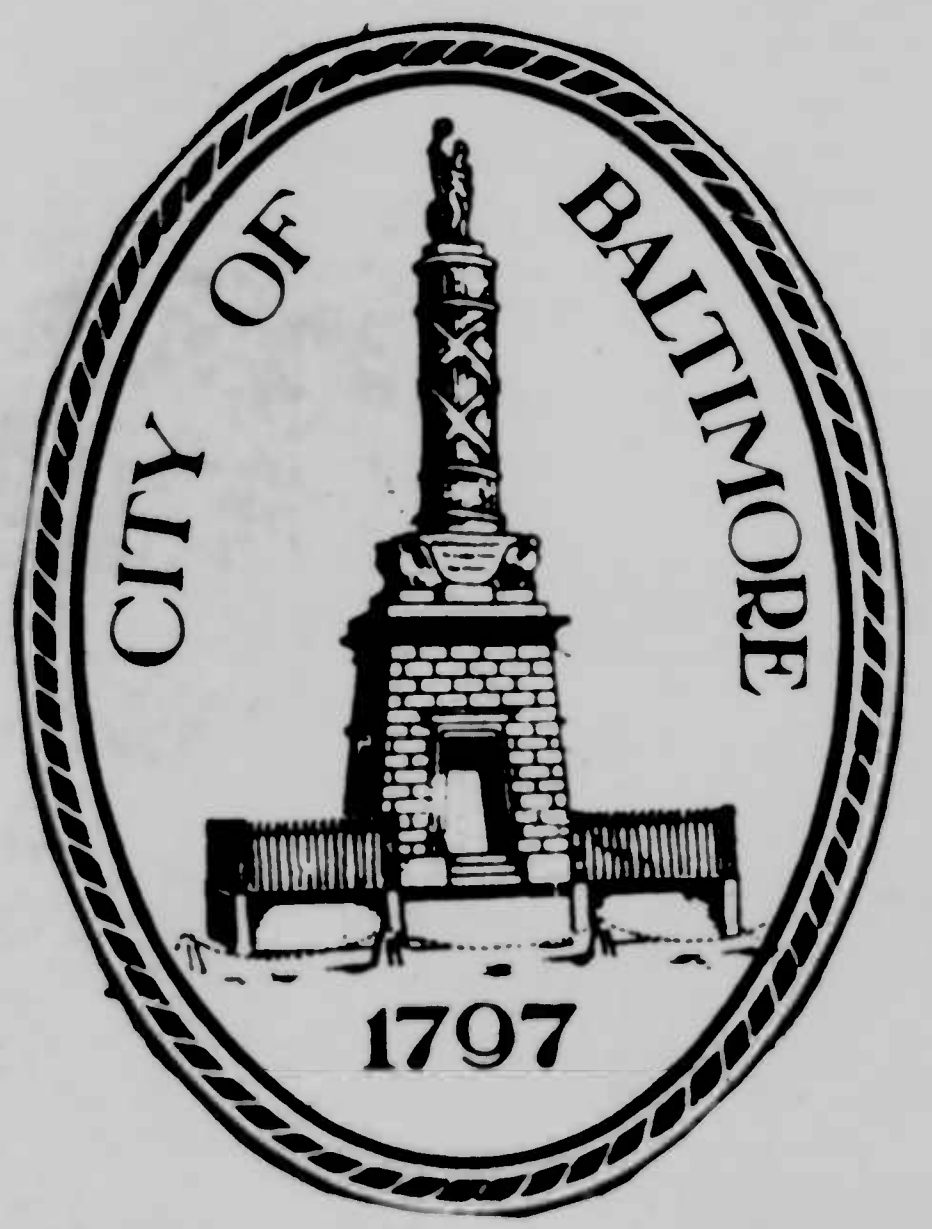
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 22nd DAY Sept.
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #F 17946 NOV. 26, 1935 AND
ENDING WITH #F 21040 Feb. 24, 1936 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL